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Y MEDICAL EXAMINER: This certificate shauld b	certificate, whiting the word "pending" in pencil i	d ta the Ch. "edical Examiner's Office alang w	AL DIRECTON Page 3 should be used as a burial-tr
TY MEDICAL EXAMINER: This certificate shauld b	e certificate, whiting the word "pending" in pencil i	ded to the Chi redical Examiner's Office along w	RAL DIRECTON roge 3 should be used as a buriol-tr
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O DEPUTY MEDICAL EXAMINER: This certificate shauld b	cute the certificate, whiting the word "pending" in pencil i	forwarded to the Chi redical Examiner's Office along w	O FUNERAL DIRECTON roge 3 should be used as a buriol-tr
TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 haurs ofter death. If any delay is necessary, phase ex	cute the certificate, whiting the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page shauld	forwarded to the Chi redical Examiner's Office along w	TO FUNERAL DIRECTON rigge 3 should be used as a buriol-transit permit. File pages 1 and 2 with the registrar priar to burier, crematic

VS. A15ME(5)

SM 9/55

o. COUNTY NAME OF DECEASED (Type or print) 5. SEX 13. FATHER'S NAME

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Rea, Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) PLACE OF DEATH o. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporale limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY QR TOWN (If outside corporate limits, write RURAL and give nearest town) arneslown d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) . IS RESIDENCE d. STREET ADDRESS ON A FARM? Dineca YES NO Middle DATE Month Day Year DEATH 1958 6. COLOR OR RACE 7. MARRIED THEYER MARRIED TO B. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. Months Hours WIDOWED DIVORCED [10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) ue Preside 14. MOTHER'S MAIDEN NAME onse 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address A. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (O) 4,20.0 DUE TO Conditions, if ony, which gove rise to immediale couse DUE TO (a), stoting the underlying couse lost. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE WAS AUTOPSY PERFORMED? YES 🗍 NO . 20a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) CAUSE OF DEATH. 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) Hour o. m. While Not while at work of work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection Z. Inquiry death resulted from: Natural causes Accident . Suicide | Homicide , Undetermined cause DATE SIGNED **ACTUAL** CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER EXAMINER'S NAME (Type) DEPUTY MEDICAL EXAMINER 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE '58 arthur S. Thous

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VS A1S (4) 1SM 9/S5

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12982 CERTIFICATE OF DEATH

Reg. Dist. No. 2979

o. CGWashington Maryl	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Washington
b. CITY OR TOWN (If outside corporate limits, write RURAT and give negret town) 67 years	
d. NAME OF HOSPITAL (If not in hospital, give street oddress) Washington County Hospital	/d. STREET ADDRESS 339 N. Mulberry St. o. IS RESIDENCE ON A FARM? YES NO. NO.
3. NAME OF DECEASED (Type or print) Tuther Harold	Bair Lost 4. DATE Month Doy Year OF DEATH November 8 1958
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	T Od 3 de O Igu Birthdoy) Months Dave House Min
100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) Cabinet maker Organ	westminister Md.
Issac Bair	Catherine V. Barnes
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (191, no. or unknown) (191, yea, give wor or dates of service) 214-09-3316	Mrs. Elizabeth M. Bair Hagerstown Md
gove rise to immediate couse (a), stating the <u>under-lying couse last.</u> DUE TO (c)	Arteriosclerosis Years TH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCI OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	Oid Diverticuli CURRED. (Enter nature of injury in Part I or Part II of item 18.)
Hour o. m. p. m. 19 While of work of work	20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.)
21. I certify that I attended the deceased from Sept alive on NOV. 19 58, and that a	beath occurred at 2:00 M, from the causes ond on the dote stoted above. ADDRESS (Street, city or town, state) M.D. 119 North Potomac Street 11-9-58
PHYSICIAN'S R.A.Bell, M.D.	Hagerstown, Maryland.
220. BURIAL, CREMATION, 22b. DATE THEREOF 12c. NAME OF CEMET 11-10-58 ROSE Hill 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	1 Cemetery Hagerstown Md.
Scott F. Minnich & Son Hagerst	OWN Md. DATEROV 1 2 '58 Carthur S. France

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requires that the death certificate be executed within 24 hours after death. Page 4

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the attending physician and campletely filled. Then please remave carbon papers. Pages 1 over within 72 haurs offer death.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

24b. REGISTRAR'S SIGNATURE

arthur S. Frank

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Reg.	Dist.				7	

		1000		CERTIFI	CA	IE OF DEAL	IH			Reg. D	ist. No.	40	, , , ,
. 1	LACE OF DEATH	Washington	1	MARYLAN		o. STATE Md.	Whe	re decease	d lived. If institution b. COUNTY		nce befo		sion)
ı	CITY OR TOWN (II	outside corporate limi	ts, write	c. LENGTH OF STAY IN	1b	c. CITY OR TOWN (I	If ou	tside corpo	orote limits, write R	URAL ond	give nec	rest tow	n)
	Hagers			2 hrs.		03 Hage	ers	stown					
	OR INSTITUTION	AL (If not in hospital, g	ive street	oddress)		d. STREET ADDRESS	-						SIDENCE
	Wash.	Co. Hospita	al			/ 21 S. F	Pot	tomac					FARM?
- 1	NAME OF DECEASED Type or print)	Fidwa Edwa		Middle A		lost Baker		4. DATE OF DEATH	Mon		Do 21	у	Yeor
5. 5				IED NEVER MARRIED	7 8	DATE OF BIRTH		DEATH	9. AGE (In years	IE LINDE		IF LIND	19 ER 24 HRS.
111	ale	white	WIDOWE				189	00	5 das blethdoy)	Months	Doys	Hours	Min.
				KIND OF BUSINESS OR II					7.00	112 (1	TIZENIO	E VA/IJA 1	COUNTRY
	during most of work	ing life, even it refired		wspaper slsm		Hagersto				12. 0		S.A	
3.	FATHER'S NAME	eu	1110	Mapaper axam		14. MOTHER'S MAIDEN		-	-				
		iam H. Bak	יוב			Anna			11				
5.		IN U. S. ARMED FOR		SOCIAL SECURITY NO.	7 INF	DRMANT			Addr	-			
Yes	no, or unknown)	If yes, give war or dates of s	ervice)			. Mildred M	vic0	mica			. Md		
	IR CALISE OF DEA	TH [Fater only one or	use per lie	re for (o), (b) and (c).]		,							7
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,	lying couse lost.) (c	,										
CALICA	PART II. OTH	ER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEATH	BUT NO	OT RELATED TO THE TER	NIMS	AL DISEAS	E CONDITION GIV	EN IN PAI	RT 1(0) 1	PERFC YES [AUTOPSY PRMED?
CEK	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OCCU	IRRED.	Enter noture of injury i	in Po	rt I or Por	I II of item 1B.)				
3	20c. TIME OF INJURY	Month, Day, Yes	or 20d. IN	IJURY OCCURRED 20e	PLACI	OF INJURY (Home, fo	orm,	20f. (City	or town)	- (County)		(Stole)
	Hour e.m.	19	While of work	Not while of work	foctor	y, street, office bldg., e	etc.)				-		
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	SIGNATURE	FI	1	***	M.C	. 2 may !!!	-	1	4111			9-1	711 20
	PHYSICIAN'S F	+ Lusb	<u> </u>			Hage	12	tru	1 /1/				
20.	BURIAL, CREMATION	,	F	22c. NAME OF CEMETER			2		ION (City, town, o			M (Stot	e)
	burlal	11-24-58		Rose Hill	Cem	etery		П	agerstown	. L		Md.	

ADDRESS

Hagerstown, Md.

24a. REC'D BY REGISTRAR

DATENOV 2 5 '58

TO FUNERAL DIRECTOR page 3 shauld be det the registrar priar ta TO HOSPITAL OR VS A15 (4) 15M 10/57

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23. FUNERAL DIRECTOR'S SIGNATURE

Fred W. Kraiss

ATTENDING PHYSICIAN: The law

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12981

CERTIFICATE OF DEATH

				N.E	g. Dist. No	.)
1. PLACE OF DEATH o. COUNTY	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Maryla		If institution: F	Residence before Washir	
b. CITY OR TOWN (If outside corporate limits, write c. U	ENGTH OF STAY IN 16			1. 1. D. D. D.		0
RURAL ond give neorest town)		c. CITY OR TOWN (If o		nits, write KUKA	L ond give ne	arest town)
Hagerstown 2	V	03 Hagers	town			
d. NAME OF HOSPITAL (If not in hospital, give street oddre OR INSTITUTION	ss)	d. STREET ADDRESS				e. IS RESIDENCE ON A FARM?
Washington County Hospital		ll Madison	Ave.			YES NO
3. NAME OF First DECEASED	Middle	Lost	4. DATE OF	Month	Do	
(Type or print) LOUISE	MILLER	BARNES	DEATH]	November	r 2	1 1958
S. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE			IF UNDER 24 HE
Female White WIDOWED	DIVORCED [October 23,	1912	46 yrs. Ma	onths Doys	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND during most of working life, even if retired)	OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote	or foreign country)		12. CITIZEN C	OF WHAT COUNT
Waitress		Adelaide,	Pennsylv	vania	U.S.	Ae
13. FATHER'S NAME		14. MOTHER'S MAIDEN N				
James F. Miller		Fliz	abeth Liv	vingsto	ne	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCI	AL SECURITY NO. 17.	NFORMANT		Address		
(If yes, give wor or dates of service)	-18-0895 N	Irs. Doris Ayo	oth H	agersto	wn, Ma	ryland
18. CAUSE OF DEATH [Enter only one couse per line for	(o), (b), ond (c).]	1	6		INT	ERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	vorue Ven	menla le	stinks		ON	SET AND DEATH
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Conditions, if ony, which)	And KE	Cur Fran				De Sal
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lying couse lost.						
	RIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONC	DITION GIVEN I	N PART 1(o)	19. WAS AUTOPS
PART II. OTHER SIGNIFICANT CONDITIONS CONTI						PERFORMED?
20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE	HOW INJURY OCCURRE	D. (Enter nature of injury in P	ort I or Port II of it	lem 18.)		
20c. TIME OF INJURY Month, Day, Year 20d. INJURY Hour o. m. While of work		ACE OF INJURY (Home, form,	20f. (City or tow	n)	(County)	(Stot
Hour o. m. p. m. 19 While of work	Not while too	ctory, street, office bldg., etc.				
21. I certify that I attended the deceased fr	70'	19/93Sto	Her. 21	10/8 11		
	VIII					aw the decea
alive an 1910	, and that death		_M, fram the ADDRESS (Street, cit			ote stated abo
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SIGNATURE DE LOCALITATION DE LA CONTRACTION DEL CONTRACTION DE LA		M.D. 159 W. Was	nington s	OT .		11/21/5
PHYSICIAN'S Philip J. Hirshman	, M.D. 159	W. Washingto	n St., Hag	gerstown	n, Mary	rland
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c.	NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (C	City, town, or co	unty)	(Stote)
REMOVAL (Specify) Burial 11/24/1958 1	Rose Hill G	emetery	Hagers	town.	Mar	ryland
23. EUNERAL DIRECTOR'S SIGNATURE	ADDRESS			24b. REGISTRA		
Suter-Rouzer Funeral Home	Hagerstown.	Md. DATE	The same			

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

director,

D FUNERAL DIRECTOR for this certificate has been signed by the attending physician and campletely filled in by the functions 3 should be detected for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should the registrar prior to burial, crematian, ar removal, and in any event within 72 hours after death. may be retained by the hospital ar attending physician.

TO FUNERAL DIRECTOR For this certificate has been si

VS A15 (4) 15M 10/57

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D FUNERAL DIRECTOR fler this certificate has been signed by the attending physician and completely filled in by the fun page 3 should be detected for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR After this certificate has been sit page 3 should be det.

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 VS A15 (4) 1SM 9/SS

	CERTIFICA	AIE OF DEATE		Reg. Dis	t. No.	
1. PLACE OF DEATH o. COUNTY WASHINGTON	MARYLAND	2. USUAL RESIDENCE (W) o. STATE MARY	LAND b.	If institution, Residence COUNTY WASH	• before odmis INGTON	sion)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF a	outside corporate limit LSTOWN	s, write RURAL and g	ive nearest tow	n)
d. NAME OF HOSPITAL (If not in hospital, give street of WASHINGTON COUNTY HOS		143 E. AN	TIETAM S	T.	ON	SIDENCE L FARM? NO [X]
3. NAME OF DECEASED (Type or print) METTLE	GORDELIA Middle	BENCHÖFF	4. DATE OF DEATH	NO.	Day A	Yeor 19 58
5. SEX FEMALE 6. COLOR OR RACE WHITE WIDOWE		8. DATE OF BIRTH 2/9/1876			Doys Hours	ER 24 HRS. Min.
10c. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired) HOUSEWIFE	KIND OF BUSINESS OR INDUS HOME	TRY 11. BIRTHPLACE (Stole MARYI		12. CITI	ZEN OF WHAT	
HAMILTON L. HARBAUC	GH	CORNELI I		R		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes no. or unknown) (If yes, give war or dates of service)		R. LAURAN I	A. BENCHO)FF MIN	HSBUR ID.	3
18. CAUSE OF DEATH [Enter only one couse per lin PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE to	or for (o). (b). and (c).]	lenotic Hea	st alise ar	28	INTERVAL BI	
Conditions, if ony, which) DUE TO	th myrenolis	Failur			5 gm	+
gove rise to immediate couse (a), stating the under-lying couse lost. DUE TO						
PART II. OTHER SIGNIFICANT CONDITIONS CONDIT	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	NAL DISEASE CONDI	TION GIVEN IN PART	1(o) 19. WAS PERFO YES	DRMED?
	CRIBE HOW INJURY OCCURRED). (Enter noture of injury in	Port I or Port II of ite	m 1B.)		
20c. TIME OF INJURY Month, Doy, Year 20d. IN Hour o. m. 19 While ot work	_ Not while foc	ACE OF INJURY (Home, form tory, street, office bldg., etc		(C	ounty)	(Stote)
21. I certify that I attended the decease alive an 3 MV 1950 ACTUAL SIGNATURE		accurred at 2 A			e date stat	
PHYSICIAN'S FFLUS BY		Hager	stom i	MI		
220. BURIAL CREMATION, 226. DATE THEREOF THE STATE OF TH	BURNS MHELL	CREMATORY	WAYNESE	Bo'Ro" PENN	A. (Sto	te)
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	7- / 24a. REC		24b. REGISTRAR'S SIG		

CERTIFICATE OF DEATH	
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VS A15 (4) 15M 9/55 MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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ALCOHOL CONTRACT			

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 12987

CERTIFICATE OF DEATH

12984

Orthur S. Kraus

DATE NOV 1 8 '58

									Kañ. P	131. 110.		
1. PLACE OF DEATH COUNTY a Shing	ton		MAR	YLAND	2. USUAL RESID	DENCE (Who		lived. If instit		ince befo	re admissi	on)
b. CITY OR TOWN (I RURAL ond give no Hagers		, write	6 Hrs	IN 1b		rown (If or		rote limits, write	RURAL and	give nec	grest town)
d. NAME OF HOSPIT OR INSTITUTION Pangbort	AL (If not in hospital, given Corp.	ve street oc	idress)		12 My	DDRESS	d Rd	•				IDENCE FARM? NO
3. NAME OF DECEASED (Type or print)	JOSEPH		Middle REESE		ROWN	•	4. DATE OF DEATH	Novem	onth	14 1	958	Year
5. SEX Male	White	WIDOWED			May 15	1892		9. AGE (In year lost birthdoy) Months		Hours	R 24 HRS. Min.
Assemb.	ON (Give kind of work de king life, even if retired) LET	5	sborn Co		Chambe	rsbui	g Fr	anklin			SA	COUNTRY
13. FATHER'S NAME	Record				14. MOTHER'S	MAIDEN N						
	R IN U. S. ARMED FORC (If yes, give war or dates of ser	vicel	5-03-408		rs Edna	S. E	rown		ddress 'NNWOO	od R	ld.	
Conditions, if a gove rise to i cause (a), stating lying cause lost.	mmediate the under- (c).	ani	ing fee	to	is and to	mice	Icon	man ou	lusing	4	6 her	in
20g. ACCIDENT WA	AS UNDERLYING		RIBE HOW INJURY O						GIVEN IN PA	.RT 1(o) 1	PERFO	NO NO
	MEDICAL EXAMINER)											
20c. TIME OF INJUR Hour a. m. p. m.	Y Month, Doy, Year	While of work	Not while		ACE OF INJURY II clory, street, office			or town)		(County)		(Stote)
alive an 20	at 1 attended the	deceased, 192	71	t death	, 1952 occurred at M.D. 230	30		n the causes treet, city or tow			ite state	
PHYSICIAN'S NAME (Type)	T, LUS	by	22c. NAME OF CEN	AFTERY	Ha	401	ST (MM_/	4		/Ca-1-	
REMOVAL (Specify)	11/17/5	58	Rose Hil		enetery		igers		ash.	Co	(Stote	1)
I / S PI INIF VAL DIRECTOR	> MUSICAL PROPERTY OF THE PROP		ALHINESS			1 24m DEC'T	NOV DECICE	DAD 1745 DE	LAISTPAD'C C	II ANIATI	Mr.Pr	

Andrew K. Coffnan Hegerstown la.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 D FUNERAL DIRECTOR: Were this certificate has been signed by the attending physician and campletely filled in by the fune page 3 shauld be detained for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 shauld the registrar priar to burial, cremation, ar remayal, and in any event within 72 haurs after death. may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: This certificate has been si

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THE PART OF THE PA

VS A15 (4)

15M 10/57

MARYLAND	STATE	DEPARTMENT	OF	HEALTH-BA	ALTIMORE,	18

12988 CERTIFICATE OF DEATH Rea. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND Washington Maryland Washington b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give negrest lown) L months Hagerstown Hagerstown d. NAME OF HOSPITAL (If not in hospital, give street address) e. IS RESIDENCE OR INSTITUTION ON A FARM? 1748 Preston Road Martin Manor Nursing Home YES NO 3. NAME OF Middle 4. DATE DECEASED 1958 **IENA** ELTZABETH BURDICK November (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years lost birthday) January 29, 1888 Months Days Female White WIDOWED T DIVORCED T 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Philadelphia, Pa. U.S.A. Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ? Wernert 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Hagerstown, Md. Maj. William A. Burdick none 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) Hour o. m. of work of work _____, 1957, to Mew 21 , 1955 That I last saw the deceased 21. I certify that I attended the deceased from,

ACTUAL PHYSICIAN'S

Hagerstown. Md.

, and that death occurred at 12 - M, from the causes and on the date stated above.

22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) Ft. Lincoln Cemetery Rrince Ceorge Co. 24b. REGISTRAR'S SIGNATURE 24a. REC'D BY REGISTRAR

ADDRESS (Street, city or town, stote)

W. Washington St.

REMOVAL (Specify) Buria 23. FUNERAL DIRECTOR'S SIGNATURE Suter-Rouzer Funeral Home

220. BURIAL CREMATION, 22b. DATE THEREOF

NAME (Type)

Edward

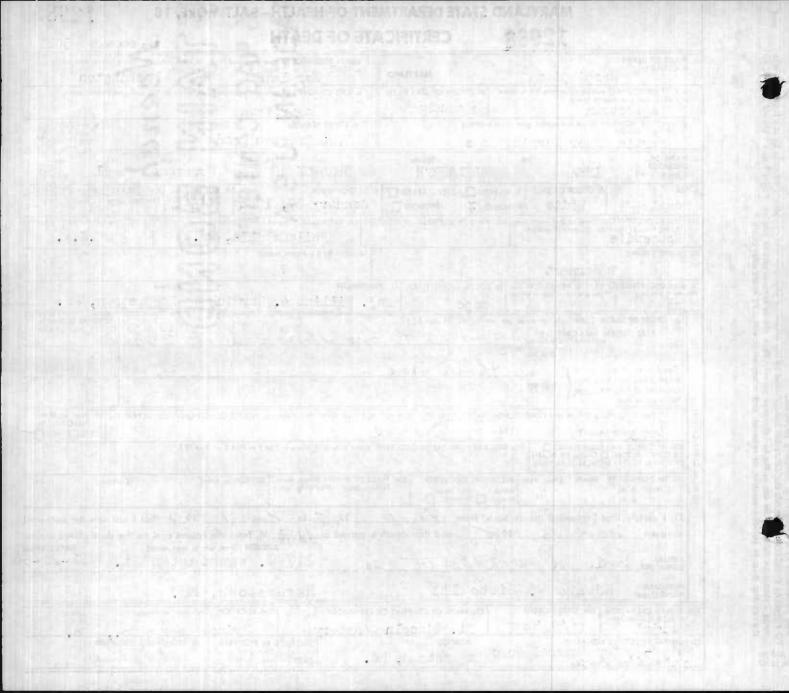
ADDRESS Hagerstown, Md.

Ditto 111

DATENOV 2 4 '58

Orthur S. Kraus

DATE SIGNED



81

VS A15 (4) 15M 9/55

	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18
12989	CERTIFICATE	OF	DEATH	-

CERTIFICATE OF DEATH

12986

1. PLACE OF DEATH o. COUNTY shir	ngton		MARYL	AND	2. USUAL RESID		ere deceased	d lived. If institu	ngton	e before admis	ssion)
b. CITY OR TOWN (I RURAL ond give no Hagers		s, write c. LEI	of the of stay is	NIP	Ø	own (If o		rote limits, write		ve nearest tow	n)
- U	County Ho				d. STREET AI	DDRESS	lem	Ave		ON	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	OTTO	_	Middle ORD	B	Lost USSARD		4. DATE OF DEATH		onth wher 2	Doy 10 195	Yeor
5. SEX	6. COLOR OR RACE	7. MARRIED N	NEVER MARRIES		Jany 3		886	9. AGE (In year lost birthdoy)	Months (YEAR IF UND	
100. USUAL OCCUPATION during most of work Stone Ma	ON (Give kind of work of king life, even if retired)	lone 10b. KIND (of Business or letired	INDUS	TRY 11. BIRTHPL	sbur	or foreign co	ountry) Ind.		USA	T COUNTRY
13. FATHER'S NAME	agand				14. MOTHER'S						
15. WAS DECEASED EVE		rvice)	2-7436		FORMANT S Minni		ller Bus		ddress 329 Sa	lem A	ve
PART I. DEA 33/ Conditions, if o gove rise to i cottle (o), storing lying couse lost.	the under-	arteni	al Herr Schris	W17	Lye Lige	count	lized			INTERVAL BONSET AND	D DEATH
CATIC	HER SIGNIFICANT CON				O. (Enter noture of				IVEN IN PART	PERFO	AUTOPSY DRMED?
-	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) Y Month, Doy, Yec		lot while	20e. PLA foc	CE OF INJURY (Hory, street, office	lome, farm, bldg., etc.	, 20f. (City	or town)	(Co	ounty)	(Stote)
21. I certify the alive an Actual SIGNATURE PHYSICIAN'S NAME (Type)	at 1 attended the			death	, 1966 occurred at: A.D. 2.31 Ha					e date stat	
220. BURIAL, CREMATIC REMOVAL (Specify)	11/32/5	g Ch.			crematory		Broad	fion (City, town	g Was		Md.
23. FUNERAL DIRECTOR			ADDRESS	1/.3			V 2 4 15		othur 8. 9		

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			Definition
		and the state of t	
		magical to	E washing

FOR STATE HEALTH_DEPT.

81

Page TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is necessory, please execute the certificate, writing the ward "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forward to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your to FUNERAL DIRECTOR Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the State Board of Walthhour is designated agent, prior to buriol, cremotion, or removal, and in any event within 72 hours after death. 21

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VS. A15ME BM 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EVALUATION CERTIFICATE OF BEATU

12987

o. COUNTY			2. USUAL RESIDENCE	Where decease					ssion)
Wa	shington	MARYLAND	o. STATE Maryla	and	b. COUNT	Was.	hing	ton	
b. CITY OR TOWN I	If autside corporate limits, write RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (II	f outside corp			-		wn)
	rstown	20 yrs.	03 Hagers	stown					
d. NAME OF HOSPI	TAL OR INSTITUTION (If not in hos	pital, give street address)	d STREET ADDRESS						A FARM?
Washing	ton County Hospi	tal	5 Mol	ler Ave	э.				XON
3. NAME OF DECEASED	First	Middle	Lost	4. DATE	Mont	h	Day	Υ	ear
(Type or print)	JOHN	DAVID E	BUTERBAUGH	DEATH	Nov	7.	1	1	9508
5. SEX	6. COLOR OR RACE 7. MARRI	ED NEVER MARRIED B.	DATE OF BIRTH		9. AGE (In years lost birthday)	IF UNDE			ER 24 HRS
Male	White WIDOWE	-37	Jan.18,1881		77 yrs.	Months	Doys	Hours	Min.
during most of work	ION (Give kind of work done 10b.) ing life, even if retired)	CIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Stote	or foreign co	ountry)	12. CI	IZEN O	F WHAT	COUNTR
Farm			Fulton Cou				USA		
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME					
George	Buterbaugh		Henryette	a Kizer					
15. WAS DECEASED ET	till you wire you dates of secured 199	SOCIAL SECURITY NO. 17. M			Address				
No	2	13-16-0934Mrs	J.E.Sarco	5 Mol	Ler Ave. I	Hager	stow	n, Md	•
	ATH [Enter only one couse per line	for (a), (b), and (c). }					INTE	RVAL BETWEET AND DEA	IEN ATH
PART I. DEA	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Closed fracture	e lttiba &	filul	a & Lt f	emur			
812X	DUE TO	Severe conpus	sion and sho	ck					
Conditions, if									
I dove title to imme	ediote couse (
	underlying DUE TO								
(o), stating the couse lost.	(c)								
(o), stating the couse tost.	onderrying	DATRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	INAL DISEASE	CONDITION GIV	EN IN PA	RT 1(o) 1	9. WAS	AUTOPSY
(o), stating the couse tost.	(c) (c)					EN IN PA	- 1	9. WAS PERFO YES [AUTOPSY RMED? NO X
(o), stating the couse tost.	THER SIGNIFICANT CONDITIONS CONTRIBUTING TO 20b. DESCRIB	E HOW INJURY OCCURRED. (E	nter noture of injury in Por	t I or Part II	ol item 18.)			PERFO	RMED?
(o), slating the course lost. PART II. OT PART III. OT PRIMARY M or CC CAUSE OF DEATH	COLUMN (C) THER SIGNIFICANT CONDITIONS COLUMN (C) AUSE WAS DISCRIBUTING [1] Steen	e how injury occurred. (e	nter noture of injury in for	t I or Port II	ol item 18.)			PERFO	RMED?
(o), slating the course lost. PART II. OT PART II. OT 200. EXTERNAL CA PRIMARY M or CC CAUSE OF DEATH 20c. TIME OF INJU	THER SIGNIFICANT CONDITIONS CONTRIBUTING CONTRIBUTION CON	E HOW INJURY OCCURRED. (E	nter noture of injury in Por	oncom	ol item 18.)	omobi:		PERFO	RMED?
(o), slating the course lost. PART II. O1 200. EXTERNAL CA PRIMARY 20 or CC CAUSE OF DEATH	THER SIGNIFICANT CONDITIONS CONTRIBUTING CONTRIBUTION CON	E HOW INJURY OCCURRED. (E Pped off curb INJURY OCCURRED 20e. PLACE Not while	nter noture of injury in for into path of	Oncol	ol item 18.)	omobi:	le	PERFO	RMED? NO X
(o), slating the course lost. PART II. O1 PART II. O1 20a. EXTERNAL CA PRIMARY Sor CC CAUSE OF DEATH 20c. TIME OF INJU Nov XXX6 10 234 m.	THER SIGNIFICANT CONDITIONS CONTRIBUTING CONTRIBUTION CON	E HOW INJURY OCCURRED. (E Pped off curb INJURY OCCURRED Not while of foctors of work S	inter noture of injury in Por into path of CE OF INJURY (Home, form cry, street, office bldg., etc.)	oncom	ol item 18.) ning auto or town) ngerstown	omobi (co	le ounty)	PERFO YES Md	RMED? NO X
(o), slating the course lost. PART II. OT PART III. OT P	COLUMN (c) THER SIGNIFICANT CONDITIONS COLUMN (c) LUSE WAS DISTRIBUTING D Step URY Month, Day, Yeor 20d. While While Column (c) we will be seen to be	e HOW INJURY OCCURRED. (E pped off curb INJURY OCCURRED Not while wk of work remains described above	inter noture of injury in Por into path of CE OF INJURY (Home, formy, street, office bldg., etc treet ve, held an Autaps	oncol	of item 18.) ning auto or town) ngerstown nspection X.	omobi (co	le punty) ash iry	PERFO YES Md	RMED? NO X
(o), slating the course lost. PART II. OT PART III. OT 200. EXTERNAL CA PRIMARY SO or CC CAUSE OF DEATH 20c. TIME OF INJU Nour \$2.6 10 134 m. 21. I certify to opinion death	COLUSE WAS ANTRIBUTING COLUMN AND ANTRIBUTION AND ANTRIBUTING COLUMN AND ANTRIBUTION AND A	E HOW INJURY OCCURRED. (E POPPED OFF CURB INJURY OCCURRED Not while of work remains described aborates [], Accident [inter noture of injury in Por into path of CE OF INJURY (Home, formy, street, office bldg., etc treet ve, held an Autaps x, Suicide ,	oncon 20f. (City Harry , In	of item 18.) ning auto or town) ngerstown nspection X.	omobi (ce 1 Wi	le punty) ash iry	Md, on	(State)
(o), slating the course lost. PART II. OT PART III. OT P	COLUSE WAS ANTRIBUTING COLUMN AND ANTRIBUTION AND ANTRIBUTING COLUMN AND ANTRIBUTION AND A	e HOW INJURY OCCURRED. (E pped off curb INJURY OCCURRED Not while wk of work remains described above	inter noture of injury in Por into path of CE OF INJURY (Home, formy, street, office bldg., etc treet ve, held an Autaps	oncon 20f. (City Harry , In	of item 18.) ning auto or town) ngerstown nspection X.	omobi (ce 1 Wi	le punty) ash iry	PERFO YES Md	(State)
(o), slating the course lost. PART II. OT PART III. OT IIII. OT III. OT III. OT	COLUMN (c) THER SIGNIFICANT CONDITIONS COLUMN (c) THER SIGNIFICANT (E HOW INJURY OCCURRED. (E Spped off curb INJURY OCCURRED Not white of work of society of work of wo	inter noture of injury in Por into path of CE OF INJURY (Home, formy, street, office bldg., etc treet ve, held an Autaps x, Suicide ,	Oncon Oncol	of item 18.) ning auto or fown) agerstown aspectian X, Undete	omobi (co 1 Wi Inqui	le punty) ash ry manne	Md, on Date S	(State)
(o), stating the course lost. PART II. OT 20a. EXTERNAL CA PRIMARY Sor CC CAUSE OF DEATH 20c. TIME OF INJU Nour XXX 21. I certify I opinion death	COLUSE WAS ANTRIBUTING COLUMN AND ANTRIBUTION AND ANTRIBUTING COLUMN AND ANTRIBUTION AND A	E HOW INJURY OCCURRED. (E Spped off curb INJURY OCCURRED Not white of work of society of work of wo	inter noture of injury in Portinto path of CE OF INJURY (Home, form, street, office bldg., etc.) Treet ve, held an Autaps Note the control of the control	Oncon Oncol	of item 18.) ning auto or town) agerstowr aspectian X,	omobi (co 1 Wi Inqui	le punty) ash iry	Md, on Date S	(State)
(o), slating the course lost. PART II. OT PRIMARY SI OF CC CAUSE OF DEATH 20c. TIME OF INJU- HOUR XX 56. 10:34m. 21. I certify to opinion death ACTUAL SIGNATURE EXAMINER'S NAME (Type) 220. BURIAL CREMATI	CO. 172b. DATE THEREOF	E HOW INJURY OCCURRED. (E Spped off curb INJURY OCCURRED Not white of work of society of work of wo	inter noture of injury in Por into path of the OF INJURY (Home, form ry, street, office bldg,, etc treet ve, held an Autaps , Suicide [], M.D. CHIEF MEDICAL E: ASSISTANT MEDICAL DEPUTY MEDICAL	Oncom On	of item 18.) ning auto or town) agerstowr aspectian X,	omobi. (cc 1 Windows Inquiremined	le punty) ash ry manne	Md, on Date S	(State)
(o), slating the course lost. PART II. OT 20a. EXTERNAL CAPTION OF DEATH 20c. TIME OF INJUNE 10 234 m. 21. I certify to opinion death ACTUAL SIGNATURE EXAMINER'S NAME (Type)	CO. 172b. DATE THEREOF	e HOW INJURY OCCURRED. (E pped off curb INJURY OCCURRED Not while of twork of twork of twork of twork Vells, M.D. 72c. NAME OF CEMETERY OR Rest Haven	inter noture of injury in Por into path of the OF INJURY (Home, form ry, street, office bldg., etc treet ve, held an Autaps , Suicide, M.D. CHIEF MEDICAL EXASSISTANT MEDICAL DEPUTY MEDICAL CREMATORY	Oncom On	of item 18.) ning auto or town) agerstowr aspection X, Undete	omobi. (cc 1 Windows Inquiremined	le ponty) ash ry manne	Md , on Date 5	(Stote)
(o), slating the course lost. PART II. OT PART III. OT PART	COLUMN (c) THER SIGNIFICANT CONDITIONS COLUMN (c) THER SIGNIFICANT CONDITIONS COLUMN (c) THER SIGNIFICANT CONDITIONS COLUMN (c) Substituting (c) 20b. DESCRIB Step White White The condition (c) Solumn	e HOW INJURY OCCURRED. (E pped off curb INJURY OCCURRED Not while of the core remains described above causes [], Accident [COLOR Vells, M.D. 72c. NAME OF CEMETERY OR Rest Haven ADDRESS	inter noture of injury in Por into path of the OF INJURY (Home, forn ry, street, office bldg., etc treet ve, held an Autaps M.D. CHIEF MEDICAL EXASSISTANT MEDIC DEPUTY MEDICAL CREMATORY Cemetery 240. REC	Oncom On	or item 18.) ning auto or town) agerstown spection X. Undete	(Control Was Inquision in the Inquision	le punty) esh ry manne	Md, on DATE S	(State)

Then the city of the second beauty Glavering are the control of the con

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 13038

CERTIFICATE OF DEATH

Reg. Dist. No.

12988

								0	
1. PLACE OF DEATH a. COUNTY	Washingt	ton	MARYLAND	a. STATE	rvla:		b. COUNTY	Residence before	
b. CITY OR TOWN (I	If outside corporate lim	its, write	c. LENGTH OF STAY IN 16			outside carporate li	mits, write RURA	L ond give near	rest town)
Hancock			Life	X H	anco	ck			
	TAL (If not in hospital, a	give street	oddress)	d. STREET		ashingt	on St.	e	ON A FARM?
3. NAME OF	Fi	rst	Middle	Lo	ıst	4. DATE	Month	Day	Yeor
(Type or print)	Me	da	Estell	la Car	r	OF DEATH	11	22	19 58
5. SEX	6. COLOR OR RACE	7. MAR	RIED NEVER MARRIED						F UNDER 24 HRS.
F	W	WIDOW	ED DIVORCED	Oct.1	.9.18	85 loss	Toghday) My	Inths Doys	Hours Min.
10a. USUAL OCCUPATIO	ON (Give kind of work	done 10b.	KIND OF BUSINESS OR INC	DUSTRY 11. BIRTHP	LACE (Stote	or foreign country)		12. CITIZEN OF	WHAT COUNTRY?
House	king life, even if retired	"		Hanc	ock	Marylan	d	U.	S.A.
13. FATHER'S NAME				14. MOTHER	S MAIDEN N	NAME			
Georg	ge McLaug	hlin		N.	arv	Myers			
IS. WAS DECEASED EVE	R IN U. S. ARMED FOR	RCES? 16.		. INFORMANT	3		Address		
(Yes no. or unknown)	(If yes, give war or dates of	service)		Mrs Arth	ur W	hite, W.	Main S	t.Hanc	ock Md.
	ATH [Enter only one co	ouse per li	ine for (o), (b), and (c).]	enlex	1.	1 1/2-	201/2	1 INTER	RVAL BETWEEN
TAKI I. DEA	IMMEDIATE CAUSE ()(1000	jeure	1609	PONYU	moo.	MA	
420.1	DUE TO		(1)	1006		4		. /	ours
Canditians, if a)	(20)	ona	ry	aise	asi		
gove rise to i couse (o), stoting					/				
lying couse lost.) (0		111111111111111111111111111111111111111		/				
PART II. OTH	HER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH B	UT NOT RELATED TO	O THE TERM	INAL DISEASE CON	DITION GIVEN	IN PART 1(0) 19	. WAS AUTOPSY PERFORMED?
Z			i i			7			YES NO
20a. ACCIDENT WAO OR CONTRIBUTING	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCUR	RED. (Enter nature	of injury in	Port or Port II of	item 18.)		
20c. TIME OF INJUR	Y Month, Day, Ye	ar 20d. I While of wor	Not while _	PLACE OF INJURY factory, street, office	(Home, form	.) 20f (City or to	vn)	(County)	(Stote)
₹ p. m.	1		11101	-2	1	1/17/11-	110		
21 certiff th	at attended the	deceas	~()	2 , 19 2	10	200 1			w the deceased
dille on	10011	, 19_	, and that dea	th occurred at					e stated above
ACTUAL	Akr	11	Her		1.11	ADDRESS (Street, c	ity or town, state	0) 6	DATE LIGHE
SIGNATURE	10/16	11	in fer	M.D	XI 0	ulp	ac	ma	11/7/
PHYSICIAN'S NAME (Type)	L	M	SHAFT	ER!	NID	, the	UCOCK	K MG	1 / - 10
20. BURIAL, CREMATIO	N, 226. DATE THEREC	OF .	22c. NAME OF CEMETERY	OR CREMATORY		22d. LOCATION (City, town, or co	ounty)	(Stote)
REMOVAL (Specify) Burial	11.26.	58	St Thomas			Hancoc	k Wash	ingtor	4.4
23. FUNERAL DIRECTOR	7	,	ADDRESS	ENDIN		D BY REGISTRAR	24b. REGISTRA	R'S SIGNATURE	
Howard. I	Grove &	Then	ack mo		DATENO	V 2 8 '58	arthu	7 S. Maux	2.
Howard &	forove o	yane	cock Illa.		DATERS	47 0 00			

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	THE REPORT OF THE PROPERTY OF		- NEO 8	
	DESCRIPTION OF THE PROPERTY OF			
		THE RELEASE		
	. DVL 221.032011 10001145			

VS A15 (4) 15M 10/57

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12989

	LASS	7,	CERT	IIFIC.	ATE OF D	EATH			Reg. I	Dist. No.		
1. PLACE OF DEATH			AA A	RYLAND	2. USUAL RESIDE	NCE (Wh	ere decease	d lived. If instit	714			
	hington				1	ryla	- Independent		was	shing		
b. CITY OR TOWN (If	outside corporate lim orest town)	ils, write	c. LENGTH OF STA	Y IN 1b	7 7			rote limits, write	RURAL and	d give nea	rest tow	n)
Hagersto	wn rid.			S.	03 Ha	gers	town	Md.				
d. NAME OF HOSPITA	AL (If not in hospital,	give street o	oddress)		d. STREET AD	DRESS				-	. IS RES	FARM?
	ginia Ave	Э.			202:	2 Vi	rgin	ia Ave				NO TA
3. NAME OF DECEASED	Fi	rst	Midd	fle	Lost		4. DATE		onth	Day		Year
(Type or print)	Jesse	9	Ear	1	Chilco	te	OF DEATH	No		3		19 58
5. SEX	6. COLOR OR RACE	7. MARRI	ED TO NEVER MAR	PIED 🖂	8. DATE OF BIRTH					ER I YEAR		
Male	White	WIDOWE			Jan. 18	3 78	85	9. AGE (In year last birthday	Months		Hours	Min.
10a. USUAL OCCUPATIO	1	1	_				-	12 y		1-1		
Ret de Car	ing life, even if retired			OK INDU				2000	12. 0			COUNTRY
	benrei.	DU	ildings		Hunti	-		·;ra.		U. i	S.A	
13. FATHER'S NAME	C1 . 2				14. MOTHER'S M			April,				
Henr:	y Chilcot	te				H	anna!	h Bowm	an			
15. WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY N	10. 17. 1	NFORMANT	VALUE OF		A	ddress 0	122 1	7: 20	ni ni o
No	NO	2]	.5 20 82	35A	Mrs. Ma	arga	ret (Chilco	te Ar	re Ha	TI	ginia
IB. CAUSE OF DEA	TH [Enter only one co	ouse per lin	for (a) (b) and (c).}							-	TWEEN
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Z PART II. OTH	ER SIGNIFICANT CON	IDITIONS C	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO T	HE TERMIN	NAL DISEAS	E CONDITION C	SIVEN IN PA	RT 1(o) 19	. WAS	AUTOPSY
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PART II. OTH PART II. OTH 20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY)	S UNDERLYING	20b. DESC	RIBE HOW INJURY	OCCURRE	D. (Enter nature of i	njury in P	ort I or Port	I II of item 18.)				7
OR CONTRIBUTING	S UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)	100										
	Month, Doy, Ye	or 204 IN	JURY OCCURRED	20a Pt	ACE OF INJURY (He	me form	T 205 /Cit.			10		10
20c. TIME OF INJURY Hour o. m.		While	Not while	fo	ctory, street, office b	ldg., etc.	201. (City	or town)		(County)		(State)
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21. I certify the	at I attended the	decease		7.	1900	to	17/1	5 193	Othat	last so	w the	deceased
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ACTUAL SIGNATURE	0H751	CRC	cle		44.5	100	-5	ustr	_	M	. 1	14.4
SIGNATURE	7000)	00		M.D	£			f			
PHYSICIAN'S NAME (Type)	41/10:	3-00	ecth									
	V. 22b. DATE THEREO) E	[00 111110 00 00									
Burial, CREMATION	7.7	r 0	22c. NAME OF CE				TT	ION (City, town	75.77	-	(Stol	e)
	Nov. 5-	-50	Rose H	111	Cemeter			erstow.				
23. SUITERAL DIRECTOR'S	SIGNATURE	719-	DDRESS	4	m. 12	4a. REC'D	BY REGIST		GISTRAR'S S	IGNATUR	E	
word	Lead	un	wome	201	(caryland	PATE NO	6 5	8 0	rthur S	. Thous	4	

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12992 CERTIFICATE OF DEATH Reg. Dist. No. Poge 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) 1. PLACE OF DEATH o. COUNTY Washington MARYLAND Washington Maryland death. b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) Hours Boonsboro Hagerstown d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE OR INSTITUTION ON A FARM? YES NO 1 Potomac Street Washington County Hospita] M NAME OF 4. DATE Middle Month Yeor completely filled DEATHNOVember 6 1958 (Type or print) LAWRENCE COULTER THOMAS 19 9. AGE (In years leading of the lost birthdoy)

Months Doys House Min 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5 SEX B. DATE OF BIRTH Hours WIDOWED [] DIVORCED T November 6 Mala White 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? death. Hagerstown Wash. Co.Md. U.S.A. pup None 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Ruby May Breeden Edward W.Coulter hours 1 Pere Potomac St. 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Mrs.Edward W. Coulter Boonsboro Md. No None 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUF TO Conditions, if ony, which gove rise to immediate DUE TO couse (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES NO T 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form. 20f. (City or town) Doy, Year (County) (Stote) factory, street, office bldg., etc.) Hour o. m. While Not while of work of work 21. I certify that I attended the deceased from 11 - 6 - 52, 19, ta 11-6-11, 19___,that I last saw the deceased and that death accurred at ___ M, fram the causes and on the date stated above. ADDRESS (Sheet, city or DATE SIGNED ACTUAL 3 shauld PHYSICIAN'S TO FUNERAL NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) page Burial Boonsboro Wash. Co.Md. Nov Boonsboro Cemetery 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Thun & Traus VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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HEALTH DE

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in penal in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded. The Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your.

TO FUNERAL DIRECTOR Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Baard of Wilh, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after degth.

4 should be forwardy

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 12993 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

12991

Reg. Dist. No.

1.	PLACE OF DEATH	Vashington		MARYLAN	O STATE			d lived. If institu b. COUNT		lence bel	
	and give nearest to	(If outside corporate fimils, wri	• RURAL	c. LENGTH OF STAY IN 1	c. CITY OF		outside corpo	prote limits, write	RURAL on	d give n	earest town)
	d. NAME OF HOS			spital, give street address)	d. STREET	ADDRESS		ham Road			e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED	Fi		Middle	Los		4. DATE OF	Mont		Day	Yeor
5	(Type or print)	ELA		GARNET ED NEVER MARRIED T	CRA		DEATH	NOV a	IF UNDER	25	19 58
	Female	White	WIDOWE		100	1958		last birthday) yrs.	Months 5	Doys 20	Hours Min.
10	o. USUAL OCCUPA during most of wor NOT	king life, even if retired)	done 10b.	KIND OF BUSINESS OR INDI			or foreign co wn . Md .	untry)	12. CIT	USA	F WHAT COUNTRY?
13	FATHER'S NAME	Ollen O.Cra	iø	7,1000	14. MOTHER'S	MAIDEN N	-	iss		ODI	
15	NO	EVER IN U. S. ARMED FO	RCES? 16.		INFORMANT			Address tingham		Hay	gerstown, M
		EATH [Enter only one co EATH WAS CAUSED BY: IMMEDIATE CAUSE (o		for (o). (b). ond (c).]	ar pneumo	onia :	right m	iddle 1	obe	INTER	TVAL BETWEEN
	Conditions, if gove rise to implicate the course fost.	underlying DUE TO)	lung; right & Kcute suppure	ative syn	oviti	s left				?
CERTIFICATION		None	-	ONTRIBUTING TO DEATH BU	T NOT RELATED TO	THE TERM	INAL DISEASE	CONDITION GI	VEN IN PAR		PERFORMED? YES NO
CERTIFIC	200. EXTERNAL OF PRIMARY OF CAUSE OF DEAT	AUSE WAS ONTRIBUTING 2	Ob. DESCRIE	None	(Enter noture of in	njury in Por	t I or Part II o	f item 18.)			
MEDICAL	20c. TIME OF IN Hour o. I	n. none	Whi	INJURY OCCURRED 20e. F	LACE OF INJURY (octory, street, office non	bldg., etc	n, 20f. (City (or town)	(Co	unty)	(Slote)
	21. I certify	that I took charge	e of the	remoins described o	bove, held an	Autops	y 🕱, In:	spection K	Inqui	ry 🔲	, and in my
	ACTUAL SIGNATURE	h resulted from:	,	causes X, Acciden		Second ?	Homicide	Undete	ermined	manne	DATE SIGNED
	EXAMINER'S NAME (Type)			lls, M.D.	ASSISTA		EXAMINER D		11-	-25-5	58
22	REMOVAL (Spec	TION, 226. DATE THERE	,	22c. NAME OF CEMETERY				ON (City, town,			(State)
23	Burial FUNERAL DIRECT	11/28/	28	Rest Haven	Cemetery	1	D BY REGISTR	gerstown	STRAR'S SI	GNATIH	Md.
_	est Haver		apel :	Inc. Hagerstown	n,Md.		4 100		hun S.		
R 38	est Haven	Funeral Ch	apel /	Inc. Hagerstown		DATE E	1 '58	Cut	hur. S. :	Trave	\

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FOR STAT HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the ward "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forward, the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your 1. TO FUNERAL DIRECTOR (age 3 should be used as a burial-transity permit. File pages 1 and 2 with the State Board of Calith, or its designated agent, prior to burial, cremation, or removal, and in any-event within 72 hours offer death. 4 shauld be forward, TO FUNERAL DIRECTO

VS. A15ME SM 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 12994

12992

303 Reg. Dist. No.

n. PLACE OF DEATH o. COUNTY Tashington	MARYLAND	2. USUAL RESIDENCE (W		Neton: Residence before odmission)
b. CITY OR TOWN (It autside corporate limits, write RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If		e RURAL and give nearest town)
end give nearest town) He caretown Md		13 Hagers	town	
d. NAME OF HOSPITAL OR INSTITUTION (If not in I	hospital, give street address)	d, STREET ADDRESS	1	e. IS RESIDENCE
D.O.A Washington C		/ 28 Glen	side Ave	ON A FARM?
3. NAME OF DECEASED (Type or print) JAMES R	Middle OBERTSON CUI	DY Jr	4. DATE Mon	
5. SEX 6. COLOR OR RACE 7. MAR	RRIED NEVER MARRIED B.	DATE OF BIRTH	9. AGE (In years	IFUNDER TYEAR IF UNDER 24 HE
Male White willow	VED DIVORCED	June 20 19	17 41 birthday) yrs.	Months Days Hours Min.
10o. USUAL OCCUPATION (Give kind of work done 10b during most of working life, even if retired)		RY 11. BIRTHPLACE (Stote lotz Giles	A	12. CITIZEN OF WHAT COUNTR
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME	
James R. Cuddy Sr		Reba	Atkins	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? [Yes, no, or unknown] [If yes, give you or date of pervice]	16. SOCIAL SECURITY NO. 17. IN	Janet R.	Cuddy 28 Gl	enside Ave
18. CAUSE OF DEATH Enter only one cause per lie	ne for (o), (b), and (c).]	THE ST S VON		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:	Gunchat wanne	4hmi hhank	and 1	
981X DUE TO			and heart (.2	S parterA
Condition If an Alah	Hemorrh	age and shoc	k	
gave rise to immediate cause				
(a), stating the underlying cause last.				
	CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMI	NAL DISEASE CONDITION G	IVEN IN PART 1(a) 19. WAS AUTOPSY
<u> </u>				PERFORMED? YES NO
	hot thru chest a			atic pistol
3 20c. TIME OF INJURY Month, Day, Year 20c	d. INJURY OCCURRED 20e. PLAC	CE OF INJURY (Home, form	, 120f. (City or town)	(Caunty) (State)
		pry, street, office bldg., etc. treet	Hagerstown	Wash Md
21. I certify that I took charge af the	e remains described abo	ve, held an Autops	x, Inspection	, Inquiry , and in my
opinian death resulted from: Natura		, Suicide	domicide X, Undet	ermined manner
ACTUAL SIGNATURE S. Policy +)	rella	_M.D. CHIEF MEDICAL EX	AMINER -	DATE SIGNED
EXAMINER'S S. Robert	Wells, M.D.	ASSISTANT MEDICA	-	11 17 60
NAME (Type)		DEPUTY MEDICAL	XAMINER X	11-17-58
220. BURIAL, CREMATION, 22b. DATE THEREOF BURIAL (Specify) 11/18/58	Rest Haven		22d. LOCATION (City, lown, Hagerstown	
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	240. REC"	BY REGISTRAR 24b. REG	ISTRAR'S SIGNATURE
Andrew K. Coffman Hag	gerstown Md.	DATE	121 '58 an	Thur S. Kraus

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may be VS A15 (4)

201134XV0

ADDRESS

NAME (Type)

Cremation

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

22a. BURIAL, CREMATION, 22b. DATE THEREO

Reg. Dist. No.

e. IS RESIDENCE ON A FARM?

Day

IF UNDER 1 YEAR IF UNDER 24 HRS.

YES TI NO T

Year

19

12. CITIZEN OF WHAT COUNTRY? Address INTERVAL BETWEEN ONSET AND DEATH minutes PERFORMED? YES NO (County) (State) and that death accurred at 5:30 Am, from the causes and an the date stated above. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) Wash. County Hospital Hagerstown. Md. 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Orlhun & Traus

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			2 00 00 00	
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VS A15 (4) 15M 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
12996 CERTIFICATE OF DEATH

12994 Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY					2. USUAL RESIDENCE	(Where decease	d lived. If instituti	on: Residence	before odmi	ssion)
	shington		MAR	YLAND	o. STATE Mar	vland	b. COUNTY		ingto	n
b. CITY OR TOWN (If RURAL and give new	outside corporate limit	s, write	c. LENGTH OF STAT	/ IN 1b	c. CITY OR TOWN	(If outside corpo	prote limits, write R	The second second second	and the second second second second	0.00
Hagersto	YEVE ON	and i	3 weeks	5	X Willia	msport	Md. R	FD #1		
d. NAME OF HOSPITA	L (If not in hospital, g	ve street c	oddress)		d. STREET ADDRES	SS			e. IS RE	SIDENCE A FARM?
Washingto	on County	Hos	pital		Downsy	ille P	ike			NO 🖾
3. NAME OF DECEASED	Fire	1	Middle	e	Lost	4. DATE OF	Mor	th	Day	Year
(Type or print)	Charles		R		Delauter	DEATH	Nov.	2	0	1958
5. SEX	6. COLOR OR RACE	7. MARRI	ED NEVER MARR	IED 🔲	8. DATE OF BIRTH		9. AGE (In years lost birthday)		YEAR IF UND	
Male	White	WIDOWE	- Contract of the Contract of		Dec. 22	1924	33 yrs.	Months D	lays Hours	Min.
10a. USUAL OCCUPATIO during most of worki	N (Give kind of work on life, even if retired)			OR INDU	STRY 11. BIRTHPLACE (S	state or foreign o	ountry)	12. CITIZ	EN OF WHA	T COUNTRY
Labor		St	ickell	(Fe	ed Maryla	nd		U.	. S	A.
13. FATHER'S NAME					14. MOTHER'S MAID	EN NAME				
Jo	hn Delau	ter	Parket Company		В	eulah l	Bryder			
15. WAS DECEASED EVER	IN U. S. ARMED FOR		OCIAL SECURITY NO		NFORMANT		MAdd	es i o m	sport	Ha.
No	No	2.2	0 16 112	5 M	rs. Glori	s Dela	uter R	的一种工	PIOT. C	**(/
	H [Enter only one con	se per lin	e for (a), (b), and (c)	1 /	,	, 2			INTERVAL 8	ETWEEN
	H WAS CAUSED BY: IMMEDIATE CAUSE (o)		1/aute	- M	yocardea	e Jan	ul		ONSET AN	DEATH .
284X	DUE TO	for	cloris. elso	leag	& teatoning ,					
Conditions, if an		0.	cholec	40 /	ins cles	one		10-31	141	1.
gove rise to im couse (o), stoting the			1	01					1	,
lying couse lost.	(c)		Cholel	M	0565				171	
PART II. OTHI	R SIGNIFICANT CONE	ITIONS CO	ONTRIBUTING TO DE	ATH SUT	NOT RELATED TO THE T	ERMINAL DISEAS	E CONDITION GIV	EN IN PART I	(o) 19. WAS	AUTOPSY ORMED?
5										MO [
PART II. OTHI	CAUSE OF DEATH!	20b. DESC	RIBE HOW INJURY O	OCCURRE	D. (Enter noture of injury	y in Port I or Por	t II of item 18.)			and:
	Month, Day, Yea	20d. IN	JURY OCCURRED	20e. PL/	ACE OF INJURY (Home,	form, 20f. (City	or town)	(Co	unty)	(State)
Hour a.m.	19	While of work	Not while of work	Too	tory, street, office bldg.	, elc.)				
21 I certify the	1 attended the	decense	d from 10	121	10/8 10	Ew.	86, 00	41-4-11		
alive on -	DV. 200	/ 19	1	dogth	accurred at 3	7	/ ''		st saw the	
1/11	1/1/	-0	, and mai	ueum	accorred at		n the causes of treet, city or town,			ed abave
ACTUAL SIGNATURE	SONAY	Elen	and		M.D. 159 W. W		on St. Ha			1. 11/
	1				ا_وال_كلزعد. ١٠٠٠	GENTTIE A	our pot us	ECT 3 00	WII TI	TT/_
PHYSICIAN'S Ph	ilip J. Hi	rshma	an, M.D.							
220. BURIAL, CREMATION	, 22b. DATE THEREO		22c. NAME OF CEM	ETERY O	R CREMATORY	22d, LOC≜	TION (City, town, o	or county)	(Sto	(a)
Bur 18]	Nov. 22	-58	Greenlaw	-	emeterv		liamspo			
3. FUNERAL DIRECTOR'S		7 -	ADDRESS	11 01	4	REC'D 8Y REGIST		TRAR'S SIGN		<i>.</i> .
1 Cherry	X Xonl	128	Telleaner	ron	1-01/01/	INV 2 4 '58		hur S. K		

	O MADRIJANO	a HELL	

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forward to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your to FUNERAL DIRECTOR. Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Medical are its designated agent, prior to burial, cremation, ar removal, and its ony event within 72 hours after death.

VS. A15ME 5M 2/57

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	FO	RS	T.	T	
H	EA	LTH	ID	EP	T.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 12997 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

12995

Rea. Dist. No

1, PLACE OF DEATH 0. COUNTY	ASHINGTON		MARYL	1 .		ARYLAND		WASH		
b. CITY OR TOWN II	If outside corporate limits, write POWN	RURAL	LIFE	V 16	A	VN (If outside corp	porate limits, write	RURAL and	give ne	arest town)
	TAL OR INSTITUTION (I		oital, give street address)	1	406 BF	ROOKLINE	E AVE.			e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	HARRY	19	HOWARD	DIE	lost BERT	4. DATE OF DEATH	NOV.	h	Doy	Yeor 1958
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIE	NEVER MARRIED DIVORCED	_	OF BIRTH 18/18	396	9. AGE (In years lost birthday) 62rs.	Months D	YEAR	IF UNDER 24 HRS. Hours Min.
100. USUAL OCCUPATION of Working MOST OF WORKING MOST OF WORKING TO THE MOST OF THE MOST O	ng life, even if retired)		IND OF BUSINESS OR IF	ON CO		RYLAND				WHAT COUNTRY
HENRY	C. DIBERT	p		14.7		CLOPPI	סק			
	/ER IN U. S. ARMED FO	RCES? 16. S	SOCIAL SECURITY NO. 4-09-1126	MRS.	TANK	B. RICE	Address	RSTOW	N M	ID.
3 22.1/ Conditions, if a gove rise to imme (o), stating the cause last.	idiate couse		Acute Alcoh		A	8				
PART II, OTI	none	DITIONS CO	NTRIBUTING TO DEATH	BUT NOT RE	LATED TO THE	TERMINALDISEASI	CONDITION GIV	EN IN PART	1	PERFORMED?
	NTRIBUTING [b. DESCRIBE	none	RED. (Enter n	oture of injury i	in Part I or Part II	of item 18.)			
20c. TIME OF INJU Hour a. m. p. m.	2000	While	NJURY OCCURRED 20erk of work	factory, st	INJURY (Home reet, office bldg	, form, 1., efc.) 20f. (City	or town)	(Coun	ity)	(Stole)
	resulted from: 1	Naturol c	emoins described auses 🛣. Accide	ent [],		topsy , Ir , Homicide	nspection ()	Inquiry		ond in my
ACTUAL SIGNATURE	S. Roles	7	wells	M. D	•	CAL EXAMINER				DATE SIGNED
EXAMINER'S NAME (Type)	S. 1	Robert	Wells, M.D			ICAL EXAMINER	Saper St.	1	1-1	17-58
REMOVAL (Specify BIIDT AT	11/17	/58	FUNKSTOW		ATORY EM.		NKSTOWN	2.0	D.	(Stote)
W.J.Mo	r's SIGNATURE	Hose	ADDRESS	Tuel	24a.	REC.D BY REGIST	BAR 24b. REGIS	STRAR'S DIGE	SATUR	

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130	39	CERTIFIC	ATE OF DEATI	Н		Reg. Dist. No	. 302
1. PLACE OF DEATH o. COUNTY Washington		MARYLAND	2. USUAL RESIDENCE (W g. SIATE Marylane	đ	b. COUNTY	ashingi	ton
b. CITY OR TOWN (If outside corporate I RURAL and give neorest town) Boonsboro. R	FD. Md. 13	THOF STAY IN 16	c. CITY OR TOWN (IF		e limits, write RI	URAL ond give no	tarest town)
d. NAME OF HOSPITAL (If not in hospital OR INSTITUTION Keedy - Fahrney	l, give street oddress) Memoria	1 Home	d. STREET ADDRESS Randolp:	h Ave.			e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Elizabet	First W. 4. + a	Middle zmiller	Dunn	4. DATE OF DEATH	Mon	th D	Year 19 58
5. SEX 6. COLOR OR RAC		NEVER MARRIED	B. DATE OF BIRTH July 28. 18	9.	AGE (In years lost birthdoy)	Months Days	R IF UNDER 24 HRS
100. USUAL OCCUPATION (Give kind of wo during most of working life, even if retined to the state of the state	ork done 10b. KIND OI				UN.	12. CITIZEN	OF WHAT COUNTE
13. FATHER'S NAME Frisby Kitzm:			14. MOTHER'S MAIDEN I	NAME	tt		
15. WAS DECEASED EVER IN U. S. ARMED F Yes, no. or unknown) (If yes, give wor or dates	ORCES? 16. SOCIAL		INFORMANT Clyde Spang	ler. 8	Addi	Hagers	own, ad.
18. CAUSE OF DEATH [Enter only one PART I. DEATH WAS CAUSED B IMMEDIATE CAUSE	Y: 12). (b). and (c).]	arteriors	losi	7	100	TERVAL BETWEEN
Conditions, if any, which gove rise to immediate	(6)	Mil	unie 7	nyoc	and	des	591.
cosse (o), stoting the under- lying cause lost. Part II. OTHER SIGNIFICANT C	(c)	LITING TO DEATH BU	T NOT BELATED TO THE TERM	UNIAL DISEASE C	CAUDITION CIV	CALIAL PART 1(a)	10 WAS AUTOPSY
CATIO						EIVIIVIAKI I(O)	PERFORMED? YES NO
200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINE	TH R)		ED. (Enter noture of injury in				
20c. TIME OF INJURY Month, Day, Hour a.m. p. m.	While _ No	occurred 20e. P	LACE OF INJURY (Home, forroctory, street, office bldg., etc.	m. 20f. (City or	town)	(County	r) (Stote
21. I certify that I attended t	he deceased from	1	10 , 1955, to 10 h accurred at 5:301	EN from			saw the deceas
ACTUAL SIGNATURE G. W	(Lell	an	м.в. /3		to 20		DATE SIGN
PHYSICIAN'S G . U	Ly Va	h			,	md.	
220. BURIAL, CREMATION, REMOVAL (Specify)	4 977	Se Hill	Cemetery	77	N (City, town, o		(Stote)
23. FUNERAL DIRECTOR'S SIGNATURE	Al	DORESS	24a. REC	D BY REGISTRA		TRAR'S SIGNATI	JRE

VS A15 (4) 15M 9/55

K. Coffman.

Hagerstown,

	CERTIFICATE OF DEATH	
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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page	TO FUNERAL DIRECTOR for this certificating payson. TO FUNERAL DIRECTOR for this certificating payson is a standard for use of the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld a shauld be designed for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld a shauld be designed for use as the burial, removal, and in any event within 72 hours after death.	
AN: The lo	icate has by he burial-tr	0
G PHYSICI	r this certification of cremation,	
ATTENDIN by the boar	CTOY fred del r la burial,	
PITAL OR	ERAL DIRE	
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VS A15 (4) 1SM 9/S5

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MARYLAND STATE DEPARTMENT	OF HEALTH—BALTIMORE, 18
OFFICIOATE	OF DEATH

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		1304	0		CERTI	FIC	ATE OF	- DEAT	Н			Reg. D	list. No		
	PLACE OF DEATH	GTON			MARY	LAND	a. STAT	RESIDENCE (WESTERNIE		b.	If institution COUNTY			ore admiss	sion)
	b. CITY OR TOWN (I	f outside corporate limi	ls, write	c. LENG	TH OF STAY	IN 1b	c. CITY	OR TOWN (IF	autside car					arest low	1)
	BOONSB	ORO		A	LIFE		11	OONSBO	DRO						
	d. NAME OF HOSPIT OR INSTITUTION MCKEL	AL (If not in hospital, g DEN DRIVE	ive street	oddress)				et address McKELI	DEN D	RIVE					FARM?
	NAME OF DECEASED	Fir	st		Middle			Lost	4. DATE		Mon	th	De	ру	Yeor
	(Type or print)	WILLIAM		H.			ASTER	DAY	DEAT	MOVE	EMBER		19		19
5.	SEX	6. COLOR OR RACE	7. MARE	N TO DEIS	EVER MARRI	ED 🔲	B. DATE OF	BIRTH 18	71	9. AGE	(In years birthdoy)	IF UNDE	R I YEAR	Hours	ER 24 HRS.
	MALE	WHITE	WIDOW		DIVORCE		0 0212	24 1,87	7,8	87	yrs.				
100	during most of work	ON (Give kind of work of king life, even if retired ED FARMER			BUSINESS C	R INDU		thplace (si6) NSBOR (D.MD.		.S.		COUNTRY
13.	FATHER'S NAME							ER'S MAIDEN							
	C	HRISTIAN	EAST	ERD	AY			AMANDA	A HOU	JPT					
15.	WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16.	SOCIAL S	ECURITY NO	. 17.	NFORMANT				Add	ress		-	- 1
	NO	(it yes, give war or common or		NON	E	MR	S.LLO	YD LO	HMAN	BOOM	VSBOF	RO M	D.		
*)		ATH [Enter only one co	use per li	for (o),	(b), and (c).	1/,		~ F	-	1		1		ERVAL BE	
н	11.50,	TH WAS CAUSED BY: IMMEDIATE CAUSE (0	1	Ser	111-8	un	000	Me	ups	cle	1036	1	011		120
	4.00,0	DUE TO												/	
	Canditions, if a)												
-	gave rise to it cause (a), stating														
_	lying cause lost.) (c)												
CATION	PART II. OTH	HER SIGNIFICANT CON	DITIONS	CONTRIBU	TING TO DE	ATH BUT	NOT RELATE	D TO THE TERM	MINAL DISE	ASE COND	OITION GIV	EN IN PA	RT 1(0)	PERFC	AUTOPSY PRMED?
CERTIFI	20g. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HO	W INJURY O	CCURRE	D. (Enter natu	ure of injury in	Part I or P	ort It of it	em 18.)				
MEDICAL	20c. TIME OF INJUR Hour o. m. p. m.	Y Manth, Day, Yes	While of wor		CURRED while work			IRY IHome, far office bldg., e		ity or tow	n)		(County)		(State)
	21. I certify th	at I attended the	deceas	ed_from	nov	6	19	J. C. ta 1	16,71	2.12	. 19 5	Sthat	last s	aw the	deceased
	alive on	meren	219	58	and that	death		013,40							
		1611	711	A .				0			y or town,			, , 0,	ATE SIGNED
	SIGNATURE	01/10	INV	W	1		M.D	150	M	RU	122)		11	24/5
	PHYSICIAN'S NAME (Type)	G.W.L	a Vo	n	1			******			N	14		/	
22	BURIAL, CREMATIO	NOV . 25 1	958		ME OF CEM THERA		R CREMATOR EMETE		22d. LOC		V FRE			D . (Stol	e)
23.	FUNERAL DIRECTOR	S SIGNATURE	X	(Ag	DRESS) ATM	0/2	an M		OV 2 6		24b. REGI	STRAR'S S			

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may be retained by the TO FUNERAL DIRECTOR

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH

12998

	1. PLACE OF DEATH o. COUNTY Washington MARYLAN	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE W. Va. Norgan						
	b, CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
	Rural Hagerstown Md. 4 Mo.	Paw Paw, 85 x-3						
	d. NAME OF HOSPITAL (If nat in haspitol, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?						
	Gateway Rest Home	YES NO						
	3. NAME OF DECEASED (Type or print) MOLLY Mc COLE	EASTON 4. DATE OF DEATH NOV. 4 1958						
	S. SEX 6. COLOR OR RACE MARRIED NEVER MARRIED							
ď	PEMALE WHITE WIDOWED DIVORCED	Nov. 16, 1876 8I yrs. II 18 Haurs Min.						
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	DUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?						
	Housewife	Paw Paw, W. Va. USA						
A	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
	S. D. Moser	Amanda Largent						
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 (1965, no. or unchapture) 16. SOCIAL SECURITY NO. 17 (1965, no. or unchapture) 17 (1965, no. or unchapture) 18. SOCIAL SECURITY NO. 17 (1965, no. or unchapture) 18. SOCIAL SECURITY NO. 17 (1965, no. or unchapture) 18. SOCIAL SECURITY NO. 17 (1965, no. or unchapture) 18. SOCIAL SECURITY NO. 18. SOCIAL SECU	Chas. E. Easton,						
	18. CAUSE OF DEATH [Enter only one couse per lime for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate cosse (o), stating the under-lying cause last. (c)	of Id injury to INTERVAL BETWEEN ONSET AND DEATH on SET A						
)	ICATI	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO						
		RRED. (Enter noture of injury in Port I or Port II of item 18.)						
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. While Not while of work of work	PLACE OF INJURY fHome, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.)						
	21. I certify that I attended the deceased from USA alive on 1958, and that deceased from USA and	ath accurred at						
	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETER	Y OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)						
	Burlal / 11/7/58 Camp Hill	Paw Paw, W. Va.						
	23 FUNERALOTRECTOR'S SIGNATURE BERKELEY GOINGS,	U. Va. DATE DATE DATE DATE DATE DATE DATE DATE						

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VS A15 (4) 15M 9/SS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 13042

CERTIFICATE OF DEATH

20079		Keg. Dist. No.							
1. PLACE OF DEATH o. COUNTY Washington	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. 71and b	If institution: Residence COUNTY Wash	e before odmission)				
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Garrotts Mills	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I	If outside corporate lim		ive nearest town)				
d. NAME OF HOSPITAL (If not in hospital, give street as OR INSTITUTION		d. STREET ADDRESS			e. IS RESIDENCE ON A FARM? YES NO				
3. NAME OF First DECEASED (Type or print) Frederick H	Middle [arrison E	dwards	4. DATE OF DEATH	Month	Day Year 27 19 58				
5. SEX 6. COLOR OR RACE 7. MARRIE	ED NEVER MARRIED	B. DATE OF BIRTH	9. AGI		I YEAR IF UNDER 24 HRS.				
Male White WIDOWED	DIVORCED [1-27-189	95 63	birthday) Manths yrs.	Days Hours Min.				
 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 	IND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Sto	ate or foreign country)	12. CITI	IZEN OF WHAT COUNTRY				
Sargent Police Fa	irchild Cor	p. Virgir	nia	τ	J.S.A.				
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME						
John George	Edwards		Nancy	Virginia	Mills				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SO	OCIAL SECURITY NO. 17.	NFORMANT		Address					
No	N	rs. Willis	am E.Kidw	ell, Knoxy	ville.Md.				
18. CAUSE OF DEATH [Enter only one cause per line	for (a), (b), and (c).]	/	2 // .		INTERVAL BETWEEN				
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	-wite (or	onary l	Colusi	en	ONSET AND DEATH				
420.0 DUE TO	b . O.	1.000	11.						
Canditions, if any, which gave rise to immediate									
casse (a), stating the under-					/				
lying couse last. (c)									
PART II. OTHER SIGNIFICANT CONDITIONS CO 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CONTRIBUTIN	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TER	RMINAL DISEASE CONE	OITION GIVEN IN PART	19. WAS AUTOPSY PERFORMED? YES NO				
	RIBE HOW INJURY OCCURRE	D. (Enter nature of injury	in Part I or Part II of it	em 18.)					
20c. TIME OF INJURY Month, Doy, Year 20d. INJ Hour a. m. p. m. 19 white at wark	Not while for	ACE OF INJURY IHome, foctory, street, office bldg.,		n) (C	County) (State)				
21. I certify that I attended the deceased	d fram	19 . to		. 19 . that []	ast saw the deceased				
alive an 19					ne date stated abave				
11 +	101	2 /	APORESS (Street, cit		DATE SIGNED				
SIGNATURE SENNER	Herson	M.D. Mide	Metows	mel.	11/28/58				
PHYSICIAN'S Kenneth C.Hen	son	t _M	lddletown	Mar	yland				
220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (C	ity, tawn, ar county)	(State)				
Burial 11-30-1958	Brethern			ville Mar					
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		C'D BY REGISTRAR	24b. REGISTRAR'S SIG	NATURE				
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DEUNERAL DIRECTOR— Wer this certificate has been signed by the attending physician and completely filled in by the fundage 3 should be detected for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld the registrar prior to burial, crematian, ar removal, and in any event within 72 harrs after death.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 13043

CERTIFICATE OF DEATH

13000

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY			MARYLA		o. STATE		ased lived. If institut b. COUNTY	1		imission)
NASHIN L CITY OF TOWN (I	GTON Foulside corporate limi	ts write	c. LENGTH OF STAY IN	16	CITY OF TOWN		WASH proporate limits, write	NGTO		town)
RURAL ond give no		13, 41110	TWO WEEKS	17	BOONSBOR		inporote tillitis, write	KUNAL UNG U	jive ileuresi	iowi,
d. NAME OF HOSPIT	AL (If not in hospital, g	ive street		,	d. STREET ADDRES				e. IS	RESIDENCE
GATE WAY	NURSING	HOME			ST. PAUL	STREE	T EXTENI	DED		S NO NO
NAME OF	Fir	st	Middle		Last	4. DA	re Mo	nth	Day	Yeor
(Type or print)	CHARL	ES	OGDEN	EL	LIOTT	OF DEA	NOVEMBE	CR 24	1958	3 19
SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED	8.	DATE OF BIRTH		9. AGE (In years		1 YEAR TE U	JNDER 24 HRS.
MALE	WHITE	WIDOW	ED DIVORCED	Js	EPT. 9 1	1882	76 yrs		Days Ho	ours Min,
during EST TRE	ON (Give kind of work ing life, even if retired D FARMER	done 10b.	WN FARM		LOCKHAR	RT COV			J.S.A	THAT COUNTRY
. FATHER'S NAME					14. MOTHER'S MAIE	DEN NAME				
JAMES	MADISON !	CLLI	OTI		MARTHA	TRIE	PLETT			
WAS DECEASED EVE	R IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. INF	RMANT		Ad	dress		
NO unknown)				ROS	BIA ELLI	LOTT F	CONSBORC	MD.		
Conditions, if an gave rise to in couse (a), stating lying couse last.	mmediate but To)								
PART II. OTH	ier significant con	DITIONS	CONTRIBUTING TO DEAT	H BUT NO	OT RELATED TO THE T	TERMINAL DIS	EASE CONDITION G	VEN IN PART	PE	VAS AUTOPSY ERFORMED? S NO
	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCC	URRED.	Enter noture of inju	ry in Port 1 or	Port II of item 18.)			
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Ye	While			OF INJURY (Home, y, street, office bldg		(City or town)	(C	County)	(Stote)
olive on	ot I oftended the	deceos	50	eoth o	, 19.58, 10 ccurred of		ram the causes s (Street city or town	and an th		the decease stated above DATE SIGNE
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	David	R	Brewi	_ M.	o. Cel	ar	spri	To 1	nd.	1/24
20. BURIAL, CREMATIO	NOV . 27	1958	GREEN HI		REMATORY CEMETERY		CATION (City, town, RRIVILLE	or county) VIRG		(Stote)
3. FUNERAL DIRECTOR	S SIGNATURE	Par	ADDRESS	1	mil	REC'D BY RE		ISTRAR'S SIC		

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 TO FUNERAL DIRECTOR
page 3 should be det VS A15 (4) 15M 9/55

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Part of the Part of the Control				
		G-ALITA: H		AUAIT NE EAST
			AT BOOK	
	Service Stokes (SEC)			
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Direction of the second				
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				entre l'unit dittas l'Al
				1000
				Control of the contro
			101 20	

CITIZEN OF WHAT COUNTRY?

I last saw the deceased n the date stated above.

Nov.8,1958

(Stole)

DATE SIGNED

24b. REGISTRAR'S SIGNATURE arthur S. Kraers

240. REC'D BY REGISTRAR DATE NOV 1 2 '58

requires that the death certificate be executed within 24 haurs after death. Page 4

TO HOSPITAL OR

23. FUNERAL DIRECTOR'S SIGNATURE

		CERTIFICA	TIE OF DEATH	Reg. Dist	. No.
1.	PLACE OF DEATH COUNTY WASHINGTON	MARYLAND	2. USUAL RESIDENCE (Who o. STATE MARYLAND	re deceased lived. If institutions Residence b COUNTY WASHINGTO	
	b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) FUNKSTON	c. LENGTH OF STAY IN 16 30 YEARS	E. CITY OR TOWN (IF au	itside corporate limits, write RURAL and give	
0	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION 12 FREDERICK ROA		/d. STREET ADDRESS 12 FRED	ERICK ROAD	o. IS RESIDENCE ON A FARM? YES NO
	NAME OF First DECEASED (Type or print) MARY	Middle V FISH	Lost ER	4. DATE Month OF DEATH NOVEMBER 6 1	Day Yeor .958 19
	FEMALE WHITE WIDOW	ED DIVORCED	B. DATE OF BIRTH JULY 3 188	9 69 yrs. Months D	YEAR IF UNDER 24 HRS Poys Hours Min.
L	USUAL OCCUPATION (Give kind of work dane during most of warking life, even if retired) HOUSE WIFE FATHER'S NAME	WIN HOME		WASH, CO, MD, U,	S.A.
	CHARLES H.KLINE	SOCIAL SECURITY NO. 177. IN		E.FAHRNEY	
	n. no. or unknown) (If yes, give wor or dates of service) NO	ONE CH	ARLES W.FIS	12 FREDERICK HER FUNKSTOWN M	D.,
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Art		c Cardiovas	cular Disease.	Months.
	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	neralized Art	erioscleros	sis	Years.
CERTIFICATION	Patt II. OTHER SIGNIFICANT CONDITIONS Pat	CONTRIBUTING TO DEATH BUT		NAL DISEASE CONDITION GIVEN IN PART	1(o) 19. WAS AUTOPSY PERFORMED? YES NO
	200. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRED). (Enter nature af injury in Po	art I or Port II af item 18.)	
MEDICAL	Haur a.m. While		ACE OF INJURY (Home, form, tary, street, affice bldg., etc.)	20f. (City or tawn) (Co	unty) (Stole
	21. I certify that I attended the decearative an November 5, 19	-0-	accurred at 11 - P	M, fram the causes and an the	
	PHYSICIAN'S R. A. Bell, M	.D.		th Potomac St.	Nov.8,195
220	BURIAL, CREMATION, 22b. DATE THEREOF NOV. 9 1958	22c. NAME OF CEMETERY OF	R CREMATORY	22d. LOCATION (City, town, or county) SHARPSBURG WASH	(State)

ADDRESS



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1	1304	5	CERTIF	ICATI	OF DEA	TH		Reg. Dist. N	ło.
PLACE OF DEATH	Washington	1	MARYL		JSUAL RESIDENCE D. STATE Md		ed lived. If institution b. COUNTY	on: Residence be	
b. CITY OR TOWN (If RURAL and give nea	outside corporate limitrest town)		c. LENGTH OF STAY IN	v 1b	2	(If outside corp	orate limits, write R	URAL ond give r	nearest town)
d NAME OF HOSPITA OR INSTITUTION Main S	L (If not in hospital, c	give street			STREET ADDRES	S			e. IS RESIDENC ON A FARM YES NO
3. NAME OF DECEASED (Type or print)	Fii Will		Middle Barry		lost Frank	4. DATE OF DEATE	Mon 1	-	Doy Yeor O 19 5
male	6. COLOR OR RACE white	7. MARE	NEVER MARRIED DIVORCED	_	TE OF BIRTH	.866	9. AGE (In years last birthday) 92 yrs.	Months Doy	AR IF UNDER 24 H
0a. USUAL OCCUPATION during mast af warkin	ng life, even it retired	dane 10b.	KIND OF BUSINESS OR farmer	INDUSTRY	11. BIRTHPLACE (S		cauntry)		of WHAT COUN
3. FATHER'S NAME	ohn David	Fran	k	14	MOTHER'S MAID	en name ia Betz			
S. WAS DECEASED EVER (Yes, no. or unknown) (If	IN U. S. ARMED FOR yes, give wor or dates of s	ervice)	SOCIAL SECURITY NO.	17. INFOR	MANT Archie	R. Cohen	. Clear	ess spring,	Md.
Canditians, if ony gave rise to improve (o), stoting the lying couse last. PART II. OTHE	mediate DUE TO)C	oronary art	arte	riosclero	tic hea	rt diseas	e	unknow
20g. ACCIDENT WAS OR CONTRIBUTING D (IF EITHER, NOTIFY M	CAUSE OF DEATH		CRIBE HOW INJURY OCC						
20c. TIME OF INJURY Haur a. m. p. m.	Manth, Day, Yei	While	NJURY OCCURRED 2 Nat while at wark	0e. PLACE (foctory,	OF INJURY (Home, street, affice bldg.,	form, 20f. (Cit	y or town)	(Count	y) (Sta
21. I certify tha			ed from Nov.						
	rolph	7	22c. NAME OF CEMET. Rienzi C	M.D.	MATORY	L'ADDRESS (in the causes a street, city or town, city or town, city or town, city, lawn, c	r county)	DATE SIG

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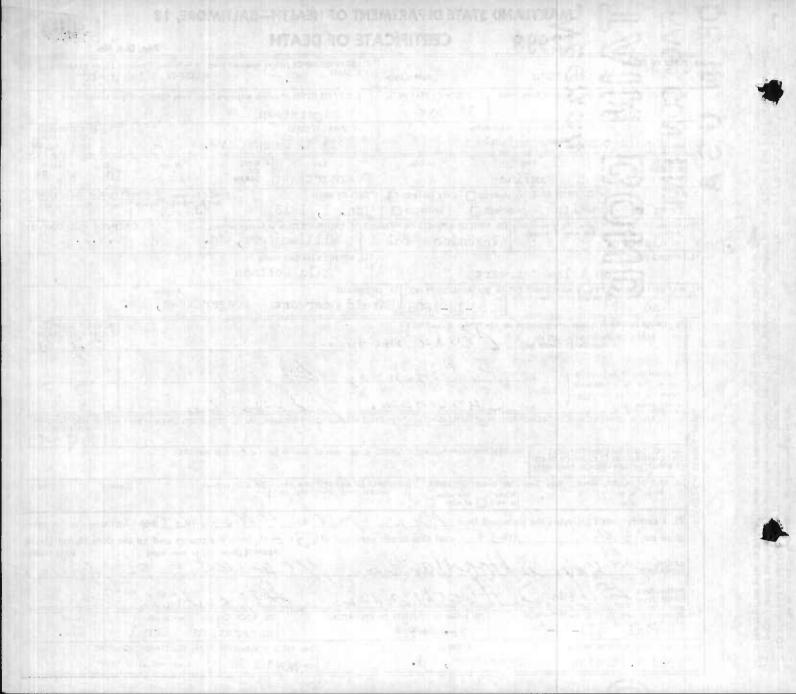
VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12998 CERTIFICATE OF DEATH

13003

1. PLACE OF DEATH O. COUNTY Was	hington	MARYLA	11	USUAL RESIDENCE (WI	here deceased live	ed. If institution b. COUNTY	Washi		sion)
b. CITY OR TOWN (If outsi RURAL and give nearest Hagerstow	lawn)	c. LENGTH OF STAY IN 34 days	1Ь	3 Hagersto		limits, write R	URAL and give	nearest faw	n)
d. NAME OF HOSPITAL (IF OR INSTITUTION Washington	nat in haspital, give str Co e Hospi		/	d. STREET ADDRESS	unnon Av	е.		ON	SIDENCE A FARM2
3. NAME OF DECEASED (Type or print)	First Paulin	Middle V	G	earhart	4. DATE OF DEATH	Mon 11	1	Day	Year 19 58
The second secon	3	ARRIED NEVER MARRIED OWED DIVORCED		an. 1, 1915	. 10	GE (In years buthday)	IF UNDER 1 Y		ER 24 HRS. Min.
100. USUAL OCCUPATION (G during most of working lift Laborer	e. even it retired)	10b. KIND OF BUSINESS OR I	_	11. BIRTHPLACE (Stole Williams				S.A.	COUNTRY
	Allen Gear		14	MOTHER'S MAIDEN N					
15. WAS DECEASED EVER IN L Yes, no. or unknown) Ith yes, NO	S. ARMED FORCES? give war or dates of service)	16. SOCIAL SECURITY NO. 220-18-1608	17. INFOR	mant ld Gearhart	t Hage	Addr			
PART I. DEATH W.		er line for to). (b). and (c).]	ר י ומ	71 6				INTERVAL BONSET AND	DEATH
Conditions, if any, w	DUE TO	Pulmo.	22 62	2 26	SCASI			?	
lying cause last.	der- CO (c)		777 6	7 /2	- 22 c.f	hu		?	
Table		NS CONTRIBUTING TO DEATH					EN IN PART 1(DRMED?
	USE OF DEATH	DESCRIBE HOW INJURY OCCI	URRED. (En	ter nature of injury in i	Port I or Port II o	f item 18.)			
20c. TIME OF INJURY Med Hour a. m. p. m.	wi wi	d. INJURY OCCURRED hile Not while work of work	e. PLACE C factory,	OF INJURY 1Home, form street, office bldg., etc.	, 20f. (City or I	own)	(Cou	nly)	(State)
21. I certify that I alive an 9 No	ottended the dece		eath acc	, 1950, to		, 19_ <u>\$</u>			
ACTUAL SIGNATURE	dr. 84	Prodland	LOMD.		ADDRESS (Street,				ATE SIGNED
PHYSICIAN'S NAME (Type)	don D	Huach16	nda	2-	4-150	ritur	3	may	E.
REMOVAL (Specify)	b. DATE THEREOF 1-13-58	22c. NAME OF CEMETER Rose Hil	4	MATORY	22d. (OCATION Hagerst	(City, town, o	county) Rural	(Stat	
23. FUNERAL DIRECTOR'S SIGN Fred W. Krai		erstown, Md.		24a. REC'I	D BY REGISTRAR		TRAR'S SIGNA		



Page 4	TO FUNERAL DIRECTOR: "For this certificate has been signed by the attending physician and campletely filled in by the funes frector, page 3 shauld be detailed for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 shauld by ed with the registrar prior to burial, cremation, ar remayal, and in any event within 72 hours affect death.
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VS 15A	A15 (4) 1 10/57

MARYLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	1
12999	CERTIFICATE	OF	DEATH	

		11					
o. COUNTY Washington	MARYLAND	2. USUAL RESIDENCE (WI	here deceased liv	b. COUNTY	Washi		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) Hagerstown	c. LENGTH OF STAY IN 16 50 yrs.	c. CITY OR TOWN (IF		limits, write RU	JRAL ond give	nearest town)	
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION 1689 Salem Ave. extd.	ddress)	d. STREET ADDRESS 1689 Sal		Extd.		e. IS RESIDENCE ON A FARA YES NO	M?
3. NAME OF First DECEASED (Type or print) IVa	Middle Belle	Golden	4. DATE OF DEATH	Mont 11	h	Doy Yeor 22 19 5	8
s. sex 6. COLOR OR RACE 7. MARRIE WIDOWED	20	B. DATE OF BIRTH May 28, 1893		AGE (In years lost birthday) 55 yrs.	Months Doy	AR IF UNDER 24 I	HRS.
10a. USUAL OCCUPATION (Give kind of work done 10b. K dvring most of working life, even if retired)	home		or foreign count			S.A.	NTRY
13. FATHER'S NAME John W. Drury		14. MOTHER'S MAIDEN N	Ellen I	Forsythe	e		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. St		vin Golden	Hagersto	Addre			
18. CAUSE OF DEATH [Enter only one couse per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), stating the under: lying couse last. [c]	e for (o). (b). and (c).]	ad of Parcer	e as		l I O	NTERVAL BETWEE INSET AND DEAT	IH IH
PART II. OTHER SIGNIFICANT CONDITIONS CO					N IN PART 1(o	19. WAS AUTOI PERFORMED YES NO)?
	RIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port I or Port II	of item 18.)			
Hour o. m. While	OCCURRED 20e. PL Not while for work	ACE OF INJURY IHome, form ctory, street, office bldg., etc	n, 20f. (City or	town)	(Coun	(SI	late)
21. I certify that I attended the decease olive on 21 Nov 192 ACTUAL SIGNATURE PHYSICIAN'S F. F. L v S' by	M	1928, 1023 occurred at 530 M.D. 2317 Pr	P.M. from th		nd on the		
220. BURIAL, CREMATION, 22b. DATE THEREOF PURTAL 11-25-58	22c. NAME OF CEMETERY O			Y (City, town, or rstown	r county)	(Stote) Md.	
23. FUNERAL DIRECTOR'S SIGNATURE Fred W. Kraics Hagersto	ADDRESS		D BY REGISTRAR		TRAR'S SIGNA	TURE	

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	AND ALL SALES		
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

13000

Reg. Dist. No. 302

2.0000				Reg. Dist. 140. JUL
1. PLACE OF DEATH o. COUNTY Washington	MARYLAND	2. USUAL RESIDENCE (W	L COUNTY	on: Residence before admission) Washington
b. CITY OR TOWN (If outside corporate limits, w RURAL and give nearest lown)	c. LENGTH OF STAY IN 16		oulside corporote limits, write R	URAL and give nearest town)
Hagerstown d. NAME OF HOSPITAL (If not in hospital, give so or institution Jackson Convalescent	street oddress)	d. STREET ADDRESS 136 Irvin C		e. IS RESIDENCE ON A FARM? YES NO S
3. NAME OF DECEASED (Type or print) EDNA	Middle VIOLA (Lost GREENAWALT	4. DATE Mor OF DEATH NOVEMBE	th Day Yeor
	MARRIED NEVER MARRIED	B. DATE OF BIRTH October 9.	9. AGE (In years lost birthdoy) 81 yrs.	Months Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 13. FATHER'S NAME Mitchell Pensinge		Near Spri	ngfield, Il.	12. CITIZEN OF WHAT COUNTRY
TS. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no. or unknown) (If yes. give wor or deries of service)	16. SOCIAL SECURITY NO. 17.	Mary E. NFORMANT Borge Greenaw	Add	stown, Maryland
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate couse (o), stating the under-lying couse lost. Part II. OTHER SIGNIFICANT CONDITION 20a. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	IINAL DISEASE CONDITION GIV	ONSET AND DEATH TEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES \(\sum \) NO \(\sum \)
20c. TIME OF INJURY Month, Doy, Year 2 Hour o. m.	DESCRIBE HOW INJURY OCCURRED ROD. INJURY OCCURRED Vhile Not while the work of work	D. (Enter noture of injury in ACE OF INJURY (Home, forn ctory, street, office bldg., etc	n, 20f. (City or town)	(County) (State)
21. I certify that I attended the decative on		3, 1958, to occurred at 8,457		that I last saw the deceased and an the date stated above state) DATE SIGNED
220. BURIAL, CREMATION, REMOVAL (Specify) Burial 11/13/1958	22c. NAME OF CEMETERY OF CEMETERY OF		22d. LOCATION (City, town, of Greencastle	,,
23 FUNERAL DIRECTOR'S SIGNATURE Suter-Rouzer Funeral Ho	ome Hagerstown, M			STRAR'S SIGNATURE

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legs	shor		crem	
5 TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, pleas	cute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 share	ed to the Ch. Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.	TO FUNERAL DIRECTC Tage 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to bur, crem	
PUTY M	the cert	orded h	NERAL I	Junowa
TO DE	cute	farwe	TO FUR	00 00
VS.	. A	15/	ME(5)

5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

13008

	1300	1 ME	DICA	L EXAMINE	R'S	CERTIFICA	TE OF	DEATH	Reg.	Dist. No		000
1	PLACE OF DEATH					2. USUAL RESIDENCE	(Where deceo	sed lived. If institu	tion: Resid	dence be	ore adm	ission)
	o. COUNTY	shington		MARYL	AND	o. STATE	d.	b. COUNT	Y Wa	ash.		
	b. CITY OR TOWN (If and give negrest town)	outside corporate limits, write	RURAL	c. LENGTH OF STAY IN	116	c. CITY OR TOWN	(If outside cor	porole limits, write	RURAL or	nd give n	earest to	wn)
	Hagerst			44 yrs		03 Hagers	town					
Г	d. NAME OF HOSPITA	L OR INSTITUTION (f not in hos	pital, give street address)		d. STREET ADDRESS			7741	7.117		ESIDENCE
L	630 Geo	orge St.,				630 Ge	orge S	t.,				A FARM?
3	. NAME OF DECEASED (Type or print)	Fin Lula		Middle C	Har	tor baugh	4. DATE OF DEATH	Month		Day 4		fear 9 58
5	. SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED				9. AGE (In years	IF UNDE	RIYEAR		ER 24 HRS.
1	female	white	WIDOWE		-	Oct. 29, 18	86	lost big 2 yrs.	Months	Days	Hours	Min.
191	Do. USUAL OCCUPATIO	N (Give kind of work of	lone 10b. K	IND OF BUSINESS OR IN	- 1		e or foreign o	country)	12. CI	TIZEN O	F WHAT	COUNTRY
Y	during most of working	ewife		home		Maryla				11	.S.A	
1	3. FATHER'S NAME	AW CITE		nome		14. MOTHER'S MAIDEN				0		•
	T.	ames Bishor	,				Wetzel					
1	5. WAS DECEASED EVE			SOCIAL SECURITY NO.	17. IN	FORMANT	ITC CZCI	Address				
	(es, no. or unknown)	(If yes, give war or dates of s				en A Harbau	ch H	agerstown	bM.			
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	PART I. DEATH	H [Enter only one cau H WAS CAUSED 8Y: IMMEDIATE CAUSE (o)	se per line i		cle	rotic myoca	rdial	heart die	ease	ONSE	T AND DE	EEN ATH
	420.1	DUE TO				ypertension						
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	(o), stating the u- couse lost.											
ATION	PART II. OTHI			NTRIBUTING TO DEATH	BUT NO	OT RELATED TO THE TERM	MINAL DISEAS	E CONDITION GIV	EN IN PA		P. WAS PERFO	AUTOPSY RMED?
CEPTIEICATION	20g. EXTERNAL CAUSE PRIMARY or CON CAUSE OF DEATH.	SE WAS TRIBUTING []	DESCRIBE	None	D. (En	ter nature of injury in Po	ort I or Port II	of item 18.)		10		
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Y Month, Day, Yea		NJURY OCCURRED 20e.	PLACI	E OF INJURY (Home, for y, street, office bldg., et none	rm, 20f. (City	or town)	(Co	ounty)	***	(Stote)
	21. I certify the	at I took charge	of the r	emains described	abov	e, held an Autop	sy 🔲, It	nspection 3	Inqui	ry 🗀	and	find tha
		from: Natural of Page	causes 🔀	Accident [],				ndetermined o	ause [j. <u> </u>	DATE S	UGNED
	ACTUAL	(out	7 4	V JEETY		M.D. CHIEF MEDICAL					DAIL I	
1	EXAMINER'S NAME (Type)	S. Rober	t Wel	ls, M.D.		ASSISTANT MEDI-		_	1	1-4-	58	
27	Removal (Specify)	11-7-58		22c. NAME OF CEMETERY Rest Ha		REMATORY		TION (City, town, o	or county)		(Stot	o) d.
23	. FUNERAL DIRECTOR'S			ADDRESS		24o. REC	'D BY REGIST		TRAR'S SI	GNATUR		C. 6
B	red W. Krai	ice Had	rersto	wn, Md.		DATE						
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ADDRESS

24g. REC'D BY REGISTRAR

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24b. REGISTRAR'S SIGNATURE

0 VS A15 (4) 15M 9/55

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23. FUNERAL DIRECTOR'S SIGNATURE

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VS A15 (4) 15M 10/57

MARYLAND	STATE DEPARTMENT OF HEALTH—BALTIMORE,	18
13002	CERTIFICATE OF DEATH	

1	PLACE OF DEATH				2 HEHAI DECID	ENCE IVIL	va danas i	lived 16 institut		b-6		
	o. COUNTY	nington		MARYLAND	II o STATE -	laryl		b. COUNTY	Was	hing	ton	sion)
	b. CITY OR TOWN (If o RURAL and give near		its, write	c. LENGTH OF STAY IN 16	c. CITY OR TO	OWN (If ou	itside corpor	ote limits, write I				
]	lagerstown			4 yrs.	03 Hage	ersto	own					
	d. NAME OF HOSPITAL	(If not in hospital, g	ive street o	address)	d. STREET AL	DRESS	7				e. IS RES	
	637 Georg	ge Stree	t		1 637	Geor	ge S	treet				FARM?
3.	NAME OF DECEASED	Fir	121	Middle	Lost		4. DATE OF	Moi		Day		Yeor
	(Type or print)	Wank	7	Shipley	Henso	n	DEATH	Nov	•	12		19 58
S.	SEX 6	. COLOR OR RACE	7. MARR	IED NEVER MARRIED	B. DATE OF BIRTH			9. AGE (In years		ER 1 YEAR	IF UND	ER 24 HRS.
	Male	White	WIDOWE	D DIVORCED	July 4	190	1	last birthdoy)	Months	Days	Hours	Min.
10	. USUAL OCCUPATION	(Give kind of work	done 10b.	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLA	CE (State o	r foreign co		12. 0	ITIZEN OF	F WHAT	COUNTRY
	Ribbon Fi	g lite, even if retired NISHER	Md			_				U.S		
13.	FATHER'S NAME		1		14. MOTHER'S		AMF					
		ank Hens	on				e For	กา				
15	WAS DECEASED EVER II			SOCIAL SECURITY NO. 17.	INFORMANT		0 T.ON					
JY.	a, no. or unknown) [It]	res, give war or dates of s	ervice			- II-		637 Ge	orge	Str	eet	
_	110	140	22	20 09 9477 M	irs. Mar	у пе	nson	Hagers	town	1 Md.	,	
	420.1	WAS CAUSED BY: AMEDIATE CAUSE (o DUE TO	-	3 Cou af	e Her	Bule	Ro	siv		ONS	RVA BE	DEATH
	Conditions, if ony, gave rise to imm)									
	couse (o), stating the			/								1
	lying couse lost.) (c		· ·								
CERTIFICATION				ONTRIBUTING TO DEATH BU			311113		EN IN PA	ART 1(o) 19	PERFO	AUTOPSY RMED?
	20a. ACCIDENT WAS I OR CONTRIBUTING [(IF EITHER, NOTIFY ME	DICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OCCURRE	D. (Enter noture of	injury in Po	ort Lor Port	II of item 18.)				
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Month, Doy, Yes	20d. th While of work	Not while / 10	ACE OF INJURY (H ctory, street, office	ome, form, bldg., etc.)	20f. (City	or town)		(County)		(Stote)
	21. I certify that	Vattended the	decease	ed from ////	7 19	to /	1/12/	119	that	last sa	w the	decense
	alive an	12/5	219	, and that death	accurred at	17	TM from	the causes of				4
	1	216	1/	0	. decorred di			eet, city or town;		me/da)		TE SIGNI
	ACTUAL SIGNATURE	telle	T	Jany	M.D	Ill	au	4 Spes	MC.	7 lu	d	11/13
	PHYSICIAN'S NAME (Type)							//				/ /
B	BURIAL, CREMATION, REMOVAL (Specify) UP 121	- 1	F -58	Mennoni te	~	7.0		on (City, town,	or county	-	(Stor	e)
23.	FUTUERAL DIRECTOR'S S	BENATURE	Ter.	ellemont	mal	240. REC'D	BY REGISTE		STRAR'S S	IGNATUR	E	

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

TO HOSPITAL OR ATTENDED or attending physician.

TO FUNERAL DIRECTOR (see this certificate has been signed by the attending physician and campletely filled in by the farmance carbon papers. Pages 1 and 2 shourd page 3 should be defected for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shours the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours after death.

VS A1S (4) 1SM 9/5S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 13003

CERTIFICATE OF DEATH

13009

	20000			Reg. Dis	it. No. 900
1. PLACE OF DEATH a. COUNTY Washi	ngton	MARYLAND	2. USUAL RESIDENCE (Where decease o. STATE yland	b. COUNTY Washing ton	ce before admission)
b. CITY OR TOWN (RURAL and give n	(If outside carporate limits, write learest tawn)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside car	porate limits, write RURAL and g	give nearest town)
Hagersto	· · · · · · · · · · · · · · · · · · ·	6 Days	03 Hagersto	wn	
OR INSTITUTION	34		d. STREET ADDRESS 640 Summit	Ave	e. IS RESIDENCE ON A FARM? YES NO
Garlock 3. NAME OF	Memorial Hom		·		
DECEASED (Type or print)	HARRIE	JOEL HO	LLINGSWORTH OF DEAT	NT	18 1958
5. SEX	6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	B. DATE OF BIRTH	Lead to at 1 A	1 YEAR IF UNDER 24 HRS
Male	White WIDOW	VED DIVORCED	August 29 1861	97 yrs. Manths	Days Hours Min.
Do. USUAL OCCUPATION during most of wor	ON (Give kind of work dane 10b	. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State or foreign	country) 12. CITI	IZEN OF WHAT COUNTR
lanufact	670	etired	Wheel Harfor	ed Co Md.	USA
3. FATHER'S NAME			14. MOTHER'S MAIDEN NAME		
Joel C	. Hollingswo	rth	Hannah Car	ter	
S. WAS DECEASED EVE	ER IN U. S. ARMED FORCES? 16 (If yes, give wor or dotes of service)		NFORMANT	Address Ingsworth	
Canditians, if a gove rise to a cause (a), stating lying cause lost. Part II. OT	the under-	1 4 . 1 .	LI RIM LIGS (S	ASE CONDITION GIVEN IN PART	PERFORMED?
	MEDICAL EXAMINER)		D. (Enter noture of injury in Port I or P		YES NO []
Y 20c. TIME OF INJUI Hour a. m. p. m.	RY Manth, Day, Year 20d. 19 While of wo	Not while fa	ACE OF INJURY (Home, farm, 20f. (Cotary, street, office bldg., etc.)	ity or tawn) (C	County) (State)
21. I certify the alive an	Plum C W.			am the causes and an the (Street, city or town, stote)	ast saw the decease date stated above DATE SIGN
	ON, 22b. DATE THEREOF	22c. NAME OF CEMETERY O	P COEMATORY MAD 100	ATION (City, tawn, or caunty)	
REMOVAL (Specify Burial		Rose Hill	0.000	estown Wash.	(Stote)
23. FUNERAL DIRECTOR	R'S SIGNATURE	ADDRESS	24a. REC'D BY REG	150	INATURE
Andrew K	Coffman Ha	verstown Md.	DATE NOV 2 1	58 Ciriling &	Frank

Andrew K. Coffman Harerstown Md

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	and the second			
	District As Parents	0 13 2H (000)	- Mark	

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or remayal.

VS. A15ME(5) 5M 9/55

9/2	Dist	No.	

1. PLACE OF DEATH O. COUNTY Washington MARYLAI	2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) o. STATE Maryland b. COUNTY Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown	c. CITY OR TOWN (If outside corporate limits, write RURAL and give necrest town) Clearspring
DOA - Emergency Room-Hospital	R # 1
3. NAME OF DECEASED (Type or print) SMiddle Michael S	Horst Lost 4. DATE Month Day Year OF DEATH Nov. 1 1958
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH Nov. 10,1886 9. AGE In years IF UNDER 1YEAR 1F UNDER 24 HRS. Months Days Hours Min.
10c. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer Farming	Maugansville, Md USA
13. FATHER'S NAME Abrahm Horst	14. MOTHER'S MAIDEN NAME Fannie Strite
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give wor or dates of service) No 214-28-5877	Mrs. Florence Horst - R # 1 Clearspring, Md
	otic Coronary Reart disease or oner and death of yrs
Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last. (b) DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BI	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO TO
20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	D. (Enter nature of injury in Port I or Part II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. Hour o. m. None 19 While of work of work 3	PLACE OF INJURY (Home, form, factory, street, office bldg., etc.) None (County) (Slate)
21. I certify that I took charge of the remains described a death resulted from: Natural causes , Accident ,	
SIGNATURE S. Pobert Wells	M.D. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER
EXAMINER'S S. Robert Wells, M.D.	ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER 11-3-58
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY Burial 11-5-58 Clearspring	
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

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I O HOSPITAL OR ATTENDING PHISICIAN: The law requires that the death certificate be executed within 24 haurs after death. Pa	way be retained by the paspital ar ottending physicion.	TO FUNERAL DIRECTOR: For this certificate has been signed by the ottending physician and campletely filled in by the funey free	-	the registrar priar to buriol, cremotian, or remaval, and in any event within 72 hours ofter death.
V	24	A 13	14	7
- 1	JN	1 11	113	/

	MARY	LAND	STATE DEP	ARTM	ENT OF HEALT	H-BALT	IMORE, 1	8	13	011
	13047		CERT	IFIC/	ATE OF DEAT	Н		Reg. Dist.	No	V at it
1. PLACE OF DEATH	4		MAR	YLAND	2. USUAL RESIDENCE (W	/here deceased I	lived. If institution b. COUNTY			sion)
b. CITY OR TOWN (17 9 10 Y7 If gutside corporate lim	nits, write	c. LENGTH OF STA		c. CITY OR TOWN (IF	outside corporo	te limits, write RL	RAL ond give	e negrest tow	n) v
RURAL and give no			3 Week	(S		× ×	5	75 X	. 3	
d. NAME OF HOSPITON	TAL (If not in hospital,	give street	ta Y'	7	d. STREET ADDRESS	vie (c+		ONA	SIDENCE A FARM?
3. NAME OF		irst	Middl	e	Lost	4. DATE	Mont	h		Yeor
(Type or print)	Eth	e/		4/2	4 FF man	OF DEATH	7107/	,		1958
5. SEX	6. COLOR OR RACE	1,44	IED NEVER MARK		8. DATE OF BIRTH	9.	. AGE (In years lost birthdoy)	THE RESERVE AND ADDRESS.	YEAR IF UND	ER 24 HRS.
100. USUAL OCCUPATION	ON (Give kind of work	WIDOWE		-	TITE 4 25 18	80	78. yrs.	5 1	5 EN OF WHAT	COUNTR
during most of war Housewif	king life, even if refire	d)	Home	OK II4DO	71) 76	e or roreign coor	,	7/9	A A	COUNTR
13. FATHER'S NAME			HOME		14. MOTHER'S MAIDEN	NAME		1.410	1/-	
David	L Wilso	77			Evelyn	Con	ctab	10		
15. WAS DECEASED EVE	R IN U. S. ARMED FO	RCES? 16.	SOCIAL SECURITY N	0. 17. 1	NFORMANT		Addr	ess	, ,	1
MO	No		None	1777	arie Eva	TIS ,	MOOTE	Pield.	W.	Va.
	ATH [Enter only one c	ouse per lin	ne far (o), (b), and (c	}.]	0				INTERVAL BE	DEATH
23/4	IMMEDIATE CAUSE (ordiac	9	nd Kesp	ir ator	y are	145	27	,
Conditions, if o	DUE TO	C	roland	1/-	25 5 /215	200	-100	-	3	0
gave rise to i	mmediate (0	1 40 001	Va	ASCOTOV	a cci	atu		34	75
tying cause last.		c)		?						
PART II. OTI	HER SIGNIFICANT CON	NDITIONS C	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE	CONDITION GIVE	N IN PART 1	(o) 19. WAS	AUTOPSY DRMED?
			Non						YES 🗌	
	AS UNDERLYING A CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY (OCCURRE	D. (Enter nature of injury in	Part I or Part II	l of item 18.)			
20c. TIME OF INJUR Hour a. m. p. m.	Y Month, Doy, Ye	While	Not while of work	20e. PL fac	ACE OF INJURY (Home, for clory, street, office bldg., et	m, 20f. (City o	r tawn)	(Cou	unty)	(Stote)
21. I certify th	at I attended the	decease	ed from Nav	7	, 19.5 8, ta_/	Yev 1	0, 1958	that I las	st saw the	decease
alive an	nov 10	, 12	58, and tha	t death	accurred at 11.49	2_M, fram				
ACTUAL SIGNATURE	m Br	1 la	t		M.D. 28 W	PoTo	et, city or town, s	state)	D	ATE SIGNI
PHYSICIAN'S NAME (Type)	1AX BY	PKI	T		Willit	MSpo	RT.A	10		
220. BURIAL, CREMATIC PREMOVAL (Specify)		of 3-58	Queens		r CREMATORY it Cemetery		on (City, town, o	Der 100	(Stat	ie)
23. FUNERAL DIRECTOR	SIGNATURE	27	ADDRESS		240. REC	D BY REGISTRA	AR 24b. REGIS	TRAR'S SIGN		
secret,	1. Coffman	1/20/1	arlinstry	Ty	W, Va DATE NI	14 1 2 20		2, 70		
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FOR STATE HEALTH DEPT.

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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate writing the word "pending" is pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwards to the Chief Medical Examiner's Office along with form PN3. Page 5 may be retained for your TO FUNERAL DIRECTO Tage 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of 1, with a feet and 2 with the State Board of 1, with a feet and 2 with the State Board of 1, with a feet and 2 with the State Board of 1, with a feet and 2 with the State Board of 1, with a feet and 2 with the State Board of 1, with a feet and 2 with the State Board of 1, with a feet and 2 with the State Board of 1, with a feet and 2 with the State Board of 1, with a feet and 2 with the State Board of 1, with a feet and 2 with the State Board of 1, with a feet and 2 with the State Board of 1, with a feet and 2 with the State Board of 1, with a feet and 2 with the State Board of 1, with a feet and 2 with the State Board of 1, with a feet and 2 with a feet and 3 with a feet and

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 13005 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

13012

PLACE OF DEATH O. COUNTY Washington MARYLAND						2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Washington						
b. CITY OR TOWN (If outside corporate limits, write RURAL and give reports flown) Hagerstown Life					c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Rural R # 6 Hagerstown							
d. NAME OF HOSPITAL D.O.A. Wash	OR INSTITUTION			5)	d. STREET ADDRESS e. IS RESIDEN							A FARM?
3. NAME OF DECEASED {Type or print}	JO:		Middle EDMOND		JACK		4. DATE OF DEATH	Mont		Doy 5		Yeor 1958
5. SEX Male	6. COLOR OR RACE White	7. MARRIE	NEVER MARRIES		DATE OF BIRTH			9. AGE In years tout birthday) 59 yrs.	Months	I YEAR Days	Hours	Min.
10a. USUAL OCCUPATION during most of working Machin	life, even if retired)		rchild Air							IZEN OF	WHAT	COUNTRY
	arles Jac						AME iffith	1				
15. WAS DECEASED EVER [Yes, no, er unknown] NO	IN U. S. ARMED FO I yes, give war or dates of	service)	0-10-3853		J.E.Ja	ckson	R #	Address 6 Hag	ersto	own,	Md.	
Conditions, if ony gove rise to immedia (0), stoting the uncouse lost.	WAS CAUSED BY: MEDIATE CAUSE (o DUE TO , which derlying R SIGNIFICANT CON	DITIONS CO	dvanced Ar Vascular h Acute Coro Acute Card ntributing to Deati	yper nary iac	tension thromb tampona	osis de	NAL DISEASE	CONDITION GIV		ONSE (o) 15		ATH
CAUSE OF DEATH. 20c. TIME OF INJURY Hour o. m. p. m.		While	None NJURY OCCURRED Not while t of work	facto	E OF INJURY (I ry, street, office None	Home, form, bldg., etc.)	20f. (City	or town)	(Co	unty)		(State)
21. I certify the	11 took charge esulted fram:	of the r	emains described auses X. Accid 29 e0 0	d abay	e, held an Suicide M.D. CHIEF N ASSISTA	MEDICAL EXA	lamicide	Undete		manne		nd in my
220. BURIAL, CREMATION REMOVAL (Specify) Burial	226. DATE THEREC	158	22c. NAME OF CEMETE		CREMATORY		22d. LOCAT	ion (City, town, rerstown	or county)		(Stot	
23. FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS				BY REGISTI		STRAR'S SI	GNATUE		
Rest Haven F	uneral Ch	apel I	nc. Hagers	town	,Md.	DATELOV	1 0 '58	an	hug &	Krow	4	
u	Ney. C	2. 10	Lorst	0-	Mus.							

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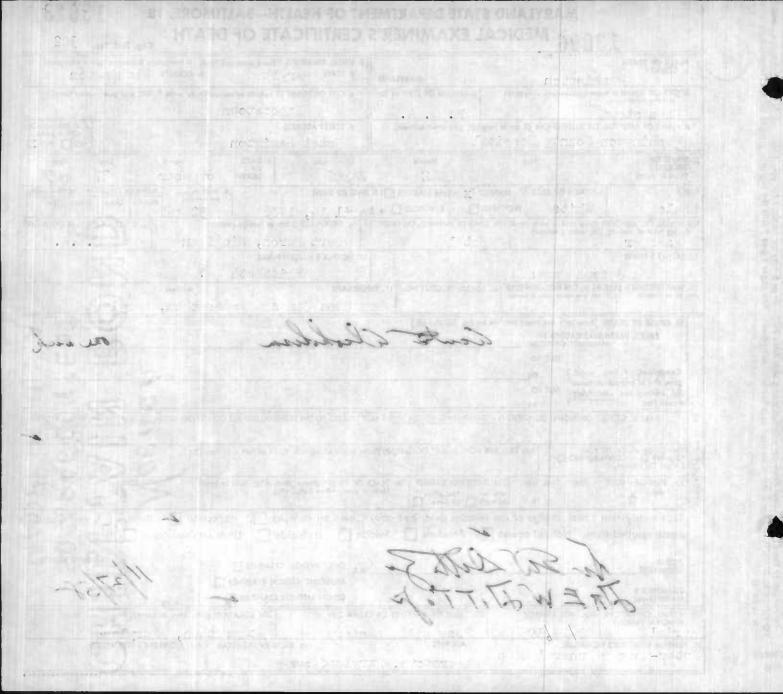
VS. A15ME(5) 5M 9/55

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3013

13006 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY	ashington		MARYLA	AND	2. USUAL RESIDENCE (No. STATE Mary			ution: Resid			ission)
b. CITY OR TOWN and give nearest tow	(If outside corporate limits, writen)	e RURAL	c. LENGTH OF STAY IN	116	c. CITY OR TOWN (III	outside cor		RURAL on	d give n	nearest to	ıwn) V
Hagersto		If and in hos	pital, give street address)		d. STREET ADDRESS	erstov	ALT			la IS D	ESIDENCE
	on County H				/ Hotel Hamilton						A FARM?
3. NAME OF DECEASED (Type or print)	LEO Fie	sf	Middle DONALD		Last JAMES	4. DATE OF DEATH	Novembe		Day 27		Year 19 58
5. SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	B.	DATE OF BIRTH		9. AGE (In years	IFUNDER	RIYEAR	IF UND	ER 24 HRS
Male	White	WIDOWED	DIVORCED	1 4	pril 19. 19	06	lost birthday) 52 yrs.	Months	Days	Hours	Min.
10o. USUAL OCCUPAT during most of work Manager	ION (Give kind of working life, even if retired)		and of Business or in Hotel				country)	12. CIT		F WHAT	COUNTRY
13. FATHER'S NAME					14. MOTHER'S MAIDEN I	NAME					
J	oseph James				Eli	zabeth	1 ?				
15. WAS DECEASED E	VER IN U. S. ARMED FO	RCES? 16.	SOCIAL SECURITY NO.	17. INI	ORMANT		Address				
	777 975 704 07 00005 07			Mr	s Edna James	s Ha	gerstown	, Mar	vlar	nd	
Conditions, If gove rise to imme (o), stating the couse lost. PART II. OT 20a. EXTERNAL CA PRIMARY or CC CAUSE OF DEATH	diote couse underlying DUE TO (c) HER SIGNIFICANT CON	DITIONS CO	ENTRIBUTING TO DEATH E					VEN IN PAR		9. WAS PERFC YES	AUTOPSY DRMED? NO
20c. TIME OF INJU	JRY Month, Day, Yes	20d. Il While	Nat while	PLACI	OF INJURY (Hame, farm y, street, affice bldg., etc.	n, 20f. (City	y or town)	(Ca	ounty)		(State)
ACTUAL SIGNATURE EXAMINER'S NAME (Typo)		causes 2	Accident ,	Suici	M.D. CHIEF MEDICAL EXASSISTANT MEDICAL DEPUTY MEDICAL	XAMINER CAL EXAMINER	ER 🔲	ause []. [] [2]		SIGNED
REMOVAL (Specify Burial	11/29/19		Rose Hill	-	etery	Hage	erstown.	Mary		1	•)
Suter-Rouz	er Funeral	Home	Hagerstown,	Ma		D BY REGIST		STRAR'S SI		RE	



13007 CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH COUNTY AShington	MARYLAND	2. USUAL RESIDENCE (Where decease o. STATE	b. COUNTY	
b. CITY OR TOWN (If outside corporate limits, v RURAL and give nearest town) Hagers town	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corp		give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give	street oddress)	d. STREET ADDRESS 703 Marshal	1 St	e. IS RESIDENCE ON A FARM? YES NO P
3. NAME OF DECEASED (Type or print) ROSA	Middle	LOS!, 4. DATE OF DEATH	Month November 28	Doy Yeor B 1958 ₁₉
	MARRIED NEVER MARRIED	B. DATE OF BIRTH August 4 1877	Land Linet Land	1 YEAR IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIIE	Own Home	STRY 11. BIRTHPLACE (State or foreign Russia	country) 12. CITI	USA
3. FATHER'S NAME Rosen		No Record		
15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes, no. or unknown) [If yes, give war or dates of service		NFORMANT Ellik Kaplan 702	Address c	t
18. CAUSE OF DEATH [Enter only one couse PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) 154 DUE TO	Inanition	nagers town -	. •	interval Between onset and Death 2 months
Canditions, if ony, which gove rise to immediate coese (a), stating the <u>underlying cause last.</u> (b) DUE TO	Retroperitor Adenocarcin	neal abscess due	to perforat	5 month
Arterioselero	ions contributing to DEATH BUT	NOT RELATED TO THE TERMINAL DISEA Red: hypertensic D. (Enter noture of injury in Port I or Po	n severe	1 1(0) 19. WAS AUTOPSY PERFORMED? YES NO NO
20c. TIME OF INJURY Month, Day, Year Hour a.m.		ACE OF INJURY (Home, farm, 20f. (Cit ctory, street, office bldg., etc.)	y or town) (C	County) (State)
21. I certify that I attended the de alive on 11-27 ACTUAL SIGNATURE	19_58, and that death	occurred at 3:06AM fro		ne date stated above. DATE SIGNED
PARTICIANS John H. Ke 220. BURIAL (REMATION, REMOVAL (Specify) 12/30/58	22c. NAME OF CEMETERY O		ATION (City, town, or county)	(State)
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS Hagerstown Md.	240. REC'D BY REGIS	TRAR 246. REGISTRAR'S SIG	SNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 D FUNERAL DIRECTOR After this certificate has been signed by the attending physician and campletely filled in by the furly page 3 should be detaled for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death. haspital ar attending physician. may be retained by the

VS A1S (4) 15M 9/55

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FOR STATE	E
If any deloy is necessary, please 3 to the funeral director. Page noy be retained for your with the State Board of result, is after death.)
I within 24 haurs after death. m. 18. Give Pages 1. 2, and nig with farm PM3. Page 5 in permit. File pages 1 and 2 in and in any event within 72 hou	I
execute the certificate examines. This certificate should be executed within 24 haurs after death. If any delay is necessary, please a execute the certificate existing the word "pending" in pendi is them 18. Give Pages 1. 2, and 3 to the funeral director. A should be forward to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the state Board of results. The funeral designated agent, prior to burial, cremotion, ar removal, and in any event within 72 hours after death.	
execute the certification of the forward a should be forward to funeral discount or its designated agent.	0

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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	Nö.	0	U	1	0	
Dist.	No.			-		

13008				Reg. Dist. No.
1. PLACE OF DEATH		2. USUAL RESIDENCE (Where of	secensed lived. If instit	lution: Residence before admission)
. COUNTY Washington	MARYLAND	o. STATE Md.	b. COUNT	Washington Washington
b. CITY OR TOWN III outside corporate fimile, write BU	C. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside	e corporate limits, write	e RURAL and give nearest town)
ond give necrest town) Hagerstown	D.O.A.	03 Hagerstow		
d. NAME OF HOSPITAL OR INSTITUTION (IF no		d. STREET ADDRESS	11	. IS RESIDENCE
Washington Co. Hosp			ul-lin c+	ON A FARM?
			nklin St.,	'T- T
DECEASED	Middle	Last 4. DA		
LICHTELL C		MICAC	ATH]]	7 19 58
	MARRIED NEVER MARRIED 1		9. AGE (In years fast birthday)	Months Days Hours Min.
	IDOWED DIVORCED	July 3, 1958	yrs.	4 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	106. KIND OF BUSINESS OR INDUST	TRY 11. BIRTHPLACE (Slote or fore	eign country)	12. CITIZEN OF WHAT COUNTRY
infant	infant	Hagerstown.	Md.	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
James A. Knode		Shirley M.	Walls	
15. WAS DECEASED EVER IN U. S. ARMED FORCE		NFORMANT	Address	8
(Yes, no, or unknown) It'l yes, give war or dates of servi-	1 4	mes A. Knode	Hagerstown,	ма
18. CAUSE OF DEATH [Enter only one couse p		ands M. Inforc	rager S cowing	INTERVAL BETWEEN
CAUSE OF DEATH.	adrenal glands; myocardium a ONS CONTRIBUTING TO DEATH BUT N DESCRIBE HOW INJURY OCCURRED. (II	nd thymus.	SEASE CONDITION GIV	VEN IN PART I(o) 19, WAS AUTOPSY PERFORMED? YES NO
20c, TIME OF INJURY Month, Doy, Year Hour o. m. None 19	20d. INJURY OCCURRED 20e. PLA While Not while of work of work	CE OF INJURY (Home, form, ory, street, office bldg., etc.)	(Cily or town)	(County) (Slote)
21. I certify that I took charge of		ve. held on Autonsy 🔽	Inspection [V]	, Inquiry , and in my
opinion death resulted from: National State of S		, Suicide , Homic M.D. CHIEF MEDICAL EXAMINE ASSISTANT MEDICAL EXAM	cide [], Undete	DATE SIGNED Nov. 9158
NAME (Type)		DEPUTY MEDICAL EXAMIN		
220. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY OR		OCATION (City, town,	or eaunty) (State)
burial 11-10-58	Rose Hill (Hagerstown,	Md.
23. FUNERAL DIRECTOR'S SIGNATURE		24o. REC'D BY RE		ISTRAR'S SIGNATURE
Fred W. Kraiss Hager	stown, Md.	DATE NOV 1	2 '58 a	W
	3 0 0 11.23	PAUL HOI		

VS. A15ME 5M 2/57

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VS A1S (4) 1SM 9/SS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH

8 13010 Reg. Dist. No. 302

1. PLACE OF DEATH o. COUNTY washington	MARYLAND	2. USUAL RESIDENCE (When o. STATE			e before admission)
b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If out	side corporate lin	nits, write RURAL and gi	ive nearest lown)
RURAL ond give nearest town) Hagerstown	8 Mos	Shippens	burg	75x-	3
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	oddress)	d. STREET ADDRESS			e. IS RESIDENCE
Garlock Nursing Hor	ne	20Montgomer	y Ave		YES NO
3. NAME OF DECEASED (Type or print) ABBIL	Middle ESTER	KOHR (4. DATE OF DEATH	Month November	Doy Year 27 19 58
5. SEX 6. COLOR OR RACE 7. MARE	RIED NEVER MARRIED	8. DATE OF BIRTH	9. AGI	1 11 1	YEAR IF UNDER 24 HRS.
Female White widow	ED 🖫 X DIVORCED 🗌	April 10 18	361 972	birthdoy) Months (Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote or	r foreign country)	Pa. 12. CITI	ZEN OF WHAT COUNTRY?
Housewife	Own Home	Big Sprin	ng Fran	klin Ço	USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	VI	
William Hoch		Mary Ar	nn Bran	dt	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.		NFORMANT		Address	
No	None A:	lton Hess 58	E. Kir	ng st Ship	ppensburg P
18. CAUSE OF DEATH [Enter only one couse per li PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)		d Arterio Sc	leroris w	ith	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which gove rise to immediate cotts (a), stoling the underlying couse lost.	yourship Fai	lung			
PART II. OTHER SIGNIFICANT CONDITIONS OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTIONS OF CON	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	AL DISEASE CONI	DITION GIVEN IN PART	1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Po	rt I or Port II of i	tem 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. I Hour o. m. 19 While p. m. 19	Not while fo	ACE OF INJURY IHome, form, clory, street, office bldg., etc.)	20f. (City or tow	(Co	ounty) (Stote)
21. I certify that I attended the decease alive an 26 MV 192		2 , 1957, 10 27 occurred at 250 PM M.D. 230N PM	7	causes and an th	ast saw the deceased e date stated abave. DATE SIGNED
PHYSICIAN'S F. F. L US by	/	Hagers	1 mm	My	
220. BURIAL CREMATION, 22b. DATE THEREOF BURIAL (Specify) BURIAL Dec 1 /5	Spring Hil	r CREMATORY 2	C1 1	nsburg Cu	Moter Pa
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		BY REGISTRAR	24b. REGISTRAR'S SIG	
AndrewK. Coffman Hag	erstown Md.	DATIDEC	1 '58	Cuthun S. A	Travel

HOTARIO TO TV	A WESTON'S			
	A STATE OF THE STA			
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			and The second se	
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			March 1	
A Share Y Bushing		No.		
A CONTRACTOR OF	2.964			
	anozerepeh	1400		

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

010	CERTIFICATE OF	-

13

DEATH

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY	Washington		MARYLAND	2. USUAL RESIDE	Md.		lived. If institut b. COUNTY	1	ashir		
b. CITY OR TOWN RURAL ond give r Hager		s, write	c. LENGTH OF STAY IN 16 20 years			outside corpore	ote limits, write	RURAL ond	give nea	rest town	n)
d. NAME OF HOSPI OR INSTITUTION	ITAL (If not in hospital, g			d. STREET A	DDRESS	ers All	.ey				FARM?
3. NAME OF DECEASED (Type or print)	Fire Thom		Middle	tosi Krafi		4. DATE OF DEATH	Mo 11	nth	Doy 29		Yeor 1958
5. SEX male	6. COLOR OR RACE white	7. MARR	D DIVORCED	8-22-18		5	AGE (In years lost bythday) yrs.	IF UNDE Months	R I YEAR Doys		ER 24 HRS. Min.
during most of wor	ON (Give kind of work of king life, even if retired) urpenter		kind of Business or Indi	-	nna.	or foreign cou	entry)		U.S.		COUNTRY
13. FATHER'S NAME	ames Kraft			14. MOTHER'S Ma		NAME . Calim	er			T.	
	ER IN U. S. ARMED FORG (If yes, give wor or dates of se	and and		informant aura Davi	S	Balti	more, M	d.			
PART I. DE, 332 × Conditions, if c gove rise to couse (o), stoting lying couse lost.	the under-		Generaliza			lura			ONSI	kan	DEATH Y24
TA TACAISSIA AND AND AND AND AND AND AND AND AND AN	uricular	-the	ONTRIBUTING TO DEATH BU WATER	- Chim	in f	alus	my F	ST CE	RT 1(0) 19	PERFO	AUTOPSY PRMED? NO
O (IF EITHER, NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER) RY Month, Doy, Yea	r 20d. IN	IJURY OCCURRED 20e. P	LACE OF INJURY IF	lome, forn	n, 20f. (City o	0		(County)		(Stote)
21. I certify the alive on ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	nat I oftended the 1/28/38	decease , 19 Llss		, 19.08 h accurred at M.D. 13 HAC	35 N	ADDRESS (Stre	the causes of th	and on t		e state	deceased above ATE SIGNED
220. BURIAL, CREMATIC REMOVAL (Specify) DUTIAL			Rose Hill	OR CREMATORY			ON (City, town, rstown	or county)		(Stote Md	
23. FUNERAL DIRECTOR Fred W. K		erst	ADDRESS Own, Md.		240. REC	D BY REGISTRA	AR 24b. REGI	STRAR'S SI			

director, iled with TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. Page 4 may be retained by the haspital or attending physicion.

TO FUNERAL DIRECTOR After this certificate has been signed by the ottending physician and completely filled in by the fun page 3 shauld be detailed for use as the burial-transit permit. Then please remaye-corbon papers. Pages 1 and 2 should the registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death. M

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VS A15 (4) 15M 10/57

4. 4. 3.	ANYLAND STATE WERE STATE OF HEALTH-BANK STATE OWN SYNA		
	TITARO NO ELASTRISMO.		
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Page 4

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	MARYL 1301:			IENT OF HEALTH ATE OF DEATH				13018
1. PLACE OF DE		1	MARYLAND	2. USUAL RESIDENCE (WHAT YLAND			Reg. Dist. No Residence before ington	ore admission)
b. CITY OR TO	OWN (If outside corporate limit	ts, write c. LEN	IGTH OF STAY IN 16	c. CITY OR TOWN (If o	utside corporate			
Hagers	give neorest lawn)		3 weeks	Hagerstown	1	03		
d. NAME OF OR INSTITU	HOSPITAL (If not in hospital, g			d. STREET ADDRESS 716 Summi	t Ave.	/		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Fin ESTH		Middle B	LEFEVER	4. DATE OF DEATH	Manth Nov.	De	6 19 58
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9.			IF UNDER 24 HRS.
Female	e White	WIDOWED [DIVORCED [June 7,190		57 yrs.	Months Done	Hours Min.
during most	UPATION (Give kind of work of working life, even if retired)	done 10b. KIND (STRY 11. BIRTHPLACE (Stote		rland	12. CITIZEN O	A WHAT COUNTRY
3. FATHER'S NA				14. MOTHER'S MAIDEN N	NAME			
Char	les S. Baker			Fannie	Shifle	er		
Canditian gove rise couse (o),:	DF DEATH [Enter only one co. 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO s, if ony, which to immediate toting the under- plast. 11. OTHER SIGNIFICANT CON	, RE	o), (b), and (c).] TROPEI	Samuel H. RITONGAL ICU (ITIS	ABS	(& SZ	ON	ERVAL BETWEEN SET AND DEATH 1900
Z	NT WAS UNDERLYING UTING CAUSE OF DEATH HOTIFY MEDICAL EXAMINER)			ED. (Enter noture of injury in				PERFORMED? YES NO
	INJURY Month, Day, Yes	While _ N	OCCURRED 20e. Pl lot while t work	LACE OF INJURY IHome, form octory, street, office bldg., etc	20f. (City or	town)	(County	(Stote)
alive an_ ACTUAL SIGNATURE	Faul:			h accurred at 11:45.	P.M. fram t	he causes and t, city or town, sto	d an the do	aw the deceased the stated above DATE SIGNED
PHYSICIAN' NAME (Type		on, M.	D.,	Hagersto	wn, Md.			
220. BURIAL, CRI REMOVAL (S Buri;		058 -	est Haver	Cemetery	~ ~	N (City, town, or erstown	9.77	(Stote) Land
23. FUNERAD DIE	ECTOR'S SIGNATURE		DDRESS +	240. REC'	D BY REGISTRA	R 24b. REGISTI	RAR'S SIGNATU	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death:
may be retained by the haspital or attending physician.
TO FUNERAL DIRECTOR they this certificate has been signed by the attending physician and campletely filled in by the funeral director. page 3 shauld be detated for use as the burial-transit permit. Then please remave carban pape the registrar prior to burial, crematian, ar remaval, and in any event within 72 haurs after death. VS A15 (4) 15M 10/57

ther this certificate has been signed by the attending physician and campletely filled in by the func of far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld

	CERTIFICATE OF DEATH	
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VS A15 (4) 1SM 9/5S

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8 <u>13019</u> Reg. Dist. No. 302

3012	CERTIFICATE	OF	DEATH

1. PLACE OF DEATH a. COUNTY		MARYLA	O. STATE			If institution COUNTY	Residence be	efare admissio	m)
b. CITY OR TOWN (If outside co		c. LENGTH OF STAY IN		TOWN (If outs	side carporate lim	nits write RIII	CAL and give i	regrest town)	
RURAL and give nearest town) Hagerstown		one year	-0 *	agers	all	,			
d. NAME OF HOSPITAL (If not in			d. STREET		00.01			e. IS RESID	DENCE
or institution 901 Spruce	St.		1 9	01 Sp	ruce St			YES T	
3. NAME OF	First	Middle	Lo		. DATE	Month	*	Day Ye	ear
(Type or print)	chel	Carolin	ne LeFeve	r	OF DEATH	lov.	17	19	9 58
		RRIED NEVER MARRIED			9. AG		FUNDER 1 YE		
Female Whi	te WIDOW	VED DIVORCED [May 23	, 1908	8 8	O yrs.	Months Day		Min.
10a. USUAL OCCUPATION (Give ki	nd of work done 10b	. KIND OF BUSINESS OR	INDUSTRY 11. BIRTHI	LACE (Stale-or	foreign country)	rela.no	3 C. CITIZEN	OF WHAT	COUNTR
Housewife		Own Home	Jes	nette	Pa.	7 0 7 0022	U	. S. A.	
13. FATHER'S NAME			14. MOTHER	S MAIDEN NA	ME				
Jesse Es	rl Child	cote	Emr	a Jane	e Harba	ugh			
15. WAS DECEASED EVER IN U. S.			17. INFORMANT		12-20-20	Addre	lag era	town.	Md
no -	or or odies of service)		Robert	LeFeve	er, 901	Spru	ice st	•	21100
18. CAUSE OF DEATH [Enter	anly one cause per	line far (a), (b), and (c),]		,	,		10	NTERVAL BET	WEEN
PART 1. DEATH WAS C.	AUSED BY:	POING AM /N	DEUTO M	2120+	-D.11	1	0	NSET AND I	DEATH
17/1X IMMEDIA	TE CAUSE (a)	C140 1917 UT	40011	1731	7 V			6/4	<i>U</i>
Condition If any Mile									
Canditions, if any, which gave rise to immediate	(0)								
casse (a), stating the under-	DUE TO								
lying cause last.) (c)							Isa waa	LITORAL
PART II. OTHER SIGNIF	ICANT CONDITIONS	CONTRIBUTING TO DEATH	H BUT NOT RELATED T	O THE TERMINA	AL DISEASE CON	DITION GIVE	N IN PART I(o	PERFOR	MED?
2								YES 🗌	NO 🗌
PART II. OTHER SIGNIF 20g. ACCIDENT WAS UNDERLY OR CONTRIBUTING OR CONTRIBUTING (IF EITHER, NOTIFY MEDICAL E	OF DEATH	SCRIBE HOW INJURY OCC	CURRED. (Enter nature	of injury in Par	t I ar Part II af i	tem 1B.)			
		la la		411					
20c. TIME OF INJURY Manth, Hauf a. m. p. m.	While		De. PLACE OF INJURY factory, street, affi		20f. (City or tow	vn)	(Cauni	y)	(State)
p. m.		ark at work							
21. I certify that I atte	aded the deces	sed from 5/	17/5.19/	_, to/	111715	. 0	that I last	saw the	decease
alive on	17/1/19	, and that d	eath occurred a	4:316	M, from the	causes an	d on the	date state	dobov
N KI	100	. ,	/		DRESS (Street, ci	ity or town,/st	oly /	PA	E SIGNI
ACTUAL SIGNATURE	110	and	M.D. Wi	Mi-Q	UNITE	201	40	1/1/	1150
1	4.	a day		- al-abi		70		7	/
PHYSICIAN'S NAME (Type)								/	
220. BURIAL, CREMATION, 22b. D	ATE THEREOF	22c. NAME OF CEMETE	ERY OR CREMATORY	2	2d. LOCATION (City, tawn, ar	county)	(State)
Burial 11	/21/1958	Rose Hi	11 Cemete	rv	Hagers	town	Ma		
23. FUNERAL DIRECTOR'S SIGNATU			The state of the s	استحسب المحاجب		111 1 1 1 1 1 1 1			
201 1 01121010 0111201011 0 01011111	JRE	ADDRESS		DATE NOV	BY REGISTRAR	24b. REGIST	RAR'S SIGNA	TURE	

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	Service (Control of		
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		March 1 Mart 2 St. Lemma 8	
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ADDITION OF THE PARTY OF THE PA	M. Angelerica, M.		

director.

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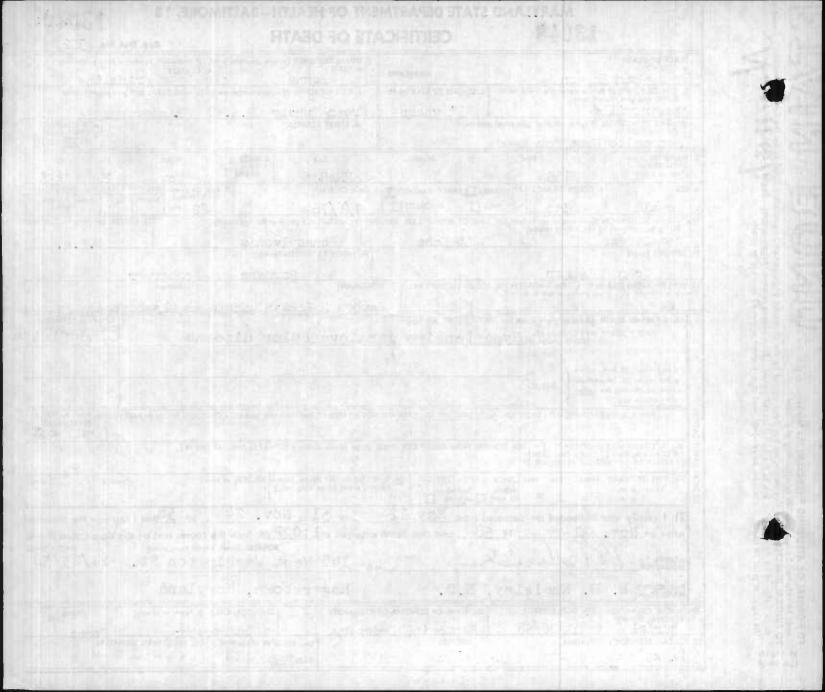
VS A1S (4) 15M 10/S7

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 13048

CERTIFICATE OF DEATH

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1.	U	V	4	V

70030	CERTIFICA	TIE OF DEATH		Reg	g. Dist. No.	302
1. PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (When			sidence before	odmission)
Washington	MARYLAND	o. STATE Penna	b	. COUNTY	ranklin	
b. CITY OR TOWN (If outside carparate limits, wri	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If out	tside carporate lim		THE RESERVE AND ADDRESS OF THE PARTY OF THE	
Maugansville	ll years	Green Twnshp	R.R.#2	Chambe	ersburg	
d. NAME OF HOSPITAL (If not in hospital, give str OR INSTITUTION	eet oddress)	d. STREET ADDRESS		1115	e.	IS RESIDENCE ON A FARM?
Mennonite Home for Age	d			/3 X -		ES NO
3. NAME OF First	Middle	Last	4. DATE OF	Month	Day	Year
(Type or print) SUSAN	В	LEHMAN	DEATH	Nov	24	19 58
S. SEX 6. COLOR OR RACE 7. M	ARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE	(In years IF Ut birthday) Man	NDER 1 YEAR IF	
1011020	OWED DIVORCED	7/6/76		82 yrs.	iths Days H	lours Min.
10a. USUAL OCCUPATION (Give kind of work done 1 during most of working life, even if retired)	06. KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (State of	r foreign country)	12	2. CITIZEN OF	WHAT COUNTRY?
seamstress	At Home	Pennsylva	ania		II.	S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME			
John D Lehman		Bark	oara	Bomberg	rer	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wor or dates of service)	16. SOCIAL SECURITY NO. 17. 16	IFORMANT		Address		
No	NONE: R	euben H Lehmar	Route	#h Cham	hershur	c Pa
18. CAUSE OF DEATH [Enter only one cause pe	r line for (a), (b), and (c).]				INTERV	AL BETWEEN
PART I. DEATH WAS CAUSED BY:	pertensive ca	rdiovascula	r disea	se	In	def init
443 X DUE TO						
Conditions, if any, which) (b)						
gave rise to immediate couse (a), stating the under DUE TO				-11 -		
lying cause last. (c)						
PART 11. OTHER SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERMIN	AL DISEASE CONT	DITION GIVEN IN	PART 1(a) 19.	WAS AUTOPSY PERFORMED?
ICAI						ES NO
PART 11. OTHER SIGNIFICANT CONDITION 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRED	. (Enter nature of injury in Pa	rt I or Port II of iI	em 18.)		
3 20c. TIME OF INJURY Month, Day, Year 20c	d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, form,	20f. (City or tow	n)	(County)	(Stote)
20c. TIME OF INJURY Month, Day, Year 20c. Hour a.m. 19 of	nile Not while foct	ary, street, affice bldg., etc.)			(//	,
21. I certify that I attended the dece	M 30	19 51 to No	v 24	58.		
alive on NOV. 21						the deceased
dive on tooy at	2 19,, and that death	occurred ot1:00P	M, from the DDRESS (Street, cit		on the date	stated above. DATE SIGNED
ACTUAL SIGNATURE	2_		Washin		t. 11	125/58
SIGNATURE	^	(.b		60011		727750
PHYSICIAN'S B. B. Kneisle	y, M.D.	Hagerston	wn, Mar	yland		
220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY OR	CREMATORY 2	2d. LOCATION (C	ity, town, or cou	nty)	(State)
Burial 11/26/58	Mennonite Cer	netery	Chamber	shure	Per	nna
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	240. REC'D		24b. REGISTRAR	'S SIGNATURE	
Charles my curer 7	lagristion and	DATE DEC	4 '58	Ciriling	S. Traus	



VS A1S (4) 15M 9/55

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 13013 **CERTIFICATE OF DEATH**

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	C	V	P	- 76.
	my.	00	-	

302 Reg. Dist. No.

1.	PLACE OF DEATH	4	MARYLAND	9	SUAL RESIDENCE (WI	here decease	b. COUNTY			ission)
┝	Washing	f outside carporate limits, wr	T. IENICTH OF STAVINIAL		Maryland			ingtor		
	RURAL and give ne	earest town)		100	CITY OR TOWN (If		orate limits, write l	RURAL and giv	e nearest to	wn)
Н	Hagerst	AL (If not in hospital, give st	4 days	C 10	Hagersto	Wn			1	ecines ice
	OR INSTITUTION	At (it hat in naspirol, give st	reer address)	1	d. STREET ADDRESS					A FARM?
		ton Hospita	1		801 Mulb	erry	Ave.			ON D
3.	NAME OF DECEASED	First	Middle		Last	4. DATE	Mai	nth	Day	Year
	(Type or print)	Ohester	Tilehman		Lohr	DEATH	Nov.	1.7	3	19 58
5.	SEX	6. COLOR OR RACE 7. A	MARRIED NEVER MARRIED	8. DA	TE OF BIRTH		9. AGE (In years lost birthdoy)	IF UNDER 1	YEAR IF UN	
	wale	White wo	OWED DIVORCED	De	0. 29. 1	880	78 yrs.	Months D	ays Hour	Min.
10	. USUAL OCCUPATIO	ON (Give kind of work done king life, even if retired)	10b. KIND OF BUSINESS OR IND	USTRY	11. BIRTHPLACE (Stole	ar foreign a	ountry)	12. CITIZI	EN OF WH	AT COUNTRY
	Chauff		Funreal Home		Broadfor	ding	Wash . C:	1.37	U.S.	A .
13.	FATHER'S NAME		- dillegal ilone		MOTHER'S MAIDEN		MO			
1										
	Willia				Barbara	Clox	per			
12	WAS DECEASED EVE	R IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	INFOR	MANT			lress		
	no	(If yes, give wor or dates of service)	314-09-8461 E	Este	ella Lohr	, 511	Freder	rick S	t.	and the same of
	18. CAUSE OF DEA	TH [Enter anly one cause p	er line for (o), (b), and (c).]	-		Hag	erstown	1. mad.	INTERVAL	8ETWEEN
	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (o)							ONSET AN	ID DEATH
	181.0	DUE TO	~	4		2	,		1-)
	Conditions, if a	ny, which)	Cacino	me	, DK	Lole		75.00	0	w
	gove rise to it	mmediate	Carre	7770	1					
	cotse (a), stating	the under-								
	lying couse lost.) (c)								
Ig	PART II. OTH	IER SIGNIFICANT CONDITIO	NS CONTRIBUTING TO DEATH BU	UT NOT	RELATED TO THE TERM	INAL DISEAS	E CONDITION GI	EN IN PART 1	(a) 19. WA	S AUTOPSY
I										FORMED?
문	20a ACCIDENT WA	S LINDER VING TI 205	DESCRIBE HOW INJURY OCCUR	DED /E-	to nature of lating in	Post I as Pas	t II of item 19)		112	1 100
CERTIFICATION	OR CONTRIBUTING	S UNDERLYING 20b. CAUSE OF DEATH MEDICAL EXAMINER	DESCRIBE HOW INJURY OCCUR	KED. (EN	er noivre or injury in	ron ron ron	i ii or iiem to.j			
MEDICAL	20c. TIME OF INJUR	Y Month, Day, Year 20	d. INJURY OCCURRED 20e. I	PLACE C	F INJURY (Home, farm	n, 20f. (Cit	or town)	(Co.	inty)	(Stole)
	Hour o. m.		IIII TO WILLIA	factory,	street, office bldg., etc	.)				
2	p. m.	Of Or	work at work							
	21. I certify th	at I attended the dec	eased from 9-1	-	193 6 10	/-/	3 100	that I la	st saw th	e decense
	alive on	-18-50	9 and that day	th occ	urred and	2 14 5				
	dilve on Z.Z.		, ond illai deal	III OCC	orred de Z		n the causes		agre sta	
		11 511	1) 1		CX/	ADDRESS (S	treet, chi town.	state)	, ,	DATE SIGNE
1	ACTUAL SIGNATURE	61. /W	sun A	_M.D.	180	711	Num	My	11	1
	-	- ^	7.4						//	1/1/
	PHYSICIAN'S NAME (Type)	JAEN	4170	2		10	4-			111
22	BURIAL, CREMATIO	N, 22b. DATE THEREOF	22c. NAME OF CEMETERY	OR CRE	MATORY	22d, LOCA	TION (City, town,	or county)	151	ote)
1	REMOVAL (Specify)					40.00				0.01
1	Juriai		58 Rose Hill	uen	etery		erstown			Md
23.	FUNERAL DIRECTOR		ADDRESS	2.0	24o. REC'	D BY REGIS		STRAR'S SIGN	ATURE	
	Andrew K	. Coffnan.	Hagerstown.	Md.	DATE	10V 1 8	'58 C	7-12-19	4	

1879 F. 181,39	OF HEALTH-BALLING	BMTRATIC STATE OF	LYRAIR TO THE
	E OF DEATH	CERTIFICAT	ON OFFICE AND ADDRESS.
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			TO SERVICE STATE OF THE SERVIC
	e Shedden	Cencinin	
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Carlot L. 26	in the second	1 Hall	N = 42
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	1 82 il 3 Holl inc.	, Baggratorn, Ma	Aparen K. Corthan

TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page		Scha	staying for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld Legied with
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 13014

13022

CERTIFICATE OF DEATH

302 Reg. Dist. No.

	PLACE OF DEATH a. COUNTY Washin	gton		MARYL	AND	2. USUAL RESID	-	ere deceased	lived. If institution by COUNTY			mission)
	b. CITY OR TOWN (If RURAL and give neg	outside corporate limi	ts, write	c. LENGTH OF STAY I	N 1b	c. CITY OR T	OWN (If or	utside corpor	ote limits, write R		0.0	town)
	Hagers			15 yea	rs	Hagen	stow	n o	3			
	d. NAME OF HOSPITA	L (If not in hospital, g	ive street	oddress)		d. STREET A		1		STITLE	e. 1S	RESIDENCE
L		milton B	lvd.			1201	Han	il to	n Blvd.			N A FARM?
	NAME OF DECEASED	Fir	st	Middle		Lost		4. DATE OF	Mor	ith	Day	Year
		Gifford		Edgar		Luke		DEATH	Nov.	1	3	19 58
5.	SEX	6. COLOR OR RACE	7. MARR	RIED NEVER MARRIE	D	8. DATE OF BIRTH			9. AGE (In years last birthday)	-		NDER 24 HRS.
L	Male	White	WIDOWE	ED DIVORCED		Apr. 2	9,18	94	GA yrs.	Months [Days Ho	urs Min.
10a	. USUAL OCCUPATION	N (Give kind of work	done 10b.	KIND OF BUSINESS OF	NDUS	TRY 11. BIRTHPL	CE (Stote o	or foreign co	untrohio	12. CITIZ	EN OF W	HAT COUNTRY?
	steopath	2		ysician		Eden.			Cty.		U.S.	A -
13.	FATHER'S NAME					14. MOTHER'S	MAIDEN N	AME		,		
1	Mahlo	n Luke				Le	ttle	Augu	stine			
15.	WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17. II	NFORMANT			Add	ress		
(1.	Yes	orld War	L		1	rs. Eve	elvn	Luke	.1201 H	amilt	on B	lvd.
F		H [Enter only one co	use per lin	ne for (a), (b), and (c).]				i i		wn, L		
	PART I. DEATI	H WAS CAUSED BY:	-			- 0101	2	/			ONSET A	ND DEATH
	420.0	IMMEDIATE CAUSE (o		ente expo		7	MA,	The same	Presente	o Lanel	70	W MI M
				Que to sele	~ .	Head	72:				19	
	Conditions, if on gove rise to im	mediate	1	Rusosclen	376	J. Carr	770	CAN G	•	160	11	Kron
	coese (o), stoting th		66	oronary	The	ren brain	19	59)			(J
7	lying cause lost.) (c)									
E E	PART II. OTHE	K SIGNIFICANT CON	DITIONS C	CONTRIBUTING TO DEA	TH BUT	NOT RELATED TO	THE TERMIN	NAL DISEASE	CONDITION GIV	EN IN PART		AS AUTOPSY RFORMED?
Ş											YES	□ NO □
CERTIFICATION	20a. ACCIDENT WAS OR CONTRIBUTING ((IF EITHER, NOTIFY M	CAUSE OF DEATH	20b. DESC	CRIBE HOW INJURY OC	CURREE). (Enter nature of	injury in P	ort I or Part	Il of item 1B.)			
MEDICAL	20c. TIME OF INJURY	Maria a M	ne 20d II		00 00							
WEE	Hour a.m.	Month, Day, Ye	While	Not while	fac	CE OF INJURY (F fory, street, office	lome, farm, bldg., etc.)	20f. (City	or town)	(Co	unty)	(State)
MED	Hour a.m. p.m.	19	While at world	k at work	fac	fory, street, office	bidg., etc.)					
MEC	Hour a.m. p. m. 21. I certify tho	19 It I ottended the	While at work	k at work ced from	†ac	9 , 19 <u>39</u>	, to	11	-141958	,that I lo	st saw t	he deceosed
MEC	Hour a.m. p.m.	19 It I ottended the	While at work	k at work	†ac	9 , 19 <u>39</u>	, to	M, from	-14 19 Jo	that I lo	st saw t	he deceosed
MEC	21. I certify the	of I offended the	While at work	ed from	death	9 , 1939 occurred of	, to	M, from	the couses c	that I lo	st saw t	he deceosed
MED	Hour a.m. p. m. 21. I certify tho	of I offended the	While at work	k at work ced from	death	9 , 1939 occurred of	, to	M, from	the couses c	that I lo	st saw t	he deceosed
MED	Hour a.m. p.m. 21. I certify the alive on ACTUAL SIGNATURE	of I offended the	While at work	ed from	death	9 , 19 3 9 occurred of	to West	M, from	-14 19 Ja the couses of eet, city or town, ngton St	that I lo	st saw t	he deceosed toted above.
	Hour a.m. p.m. 21. I certify the alive on	ohn H. Hor	white at work decease with the control of the contr	ed from	death	9 , 1939 occurred of	, to , to , to , West erston	M, from DDRESS (Str. Washi	-14 19 Ja the couses of eet, city or town, ngton St	that I loond on the	st saw to date s	he deceosed toted above.
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220	Hour a.m. p.m. 21. I certify the alive on	ohn H. Hor	White at work decease when the control of the contr	ed from	death	9 1939 occurred of Hage	, to	M, from Washi	the couses of the couse of	that I loond on the	sst sow to dote si	he deceosed toted above. DATE SIGNED

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		en Bildsen	Andrew W. April

			13015	CERTIFICA	ATE OF DEATI		Reg.	Dist. No.	
	0		ashington	MARYLAND	2. USUAL RESIDENCE (WI o. STATE Maryla		L COUNTY	dence before shingt	
	ь		If outside corporate limits, write earest town) STOWN	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF of) Hagers	A STATE OF THE PARTY OF THE PAR	mits, write RURAL of	nd give neare	st town)
	W	NAME OF HOSPI OR INSTITUTION AS DING ton	TAL (If not in hospitol, give street County Hospital	oddress) 1	d. STREET ADDRESS 609 Ad	ams Ave.			IS RESIDENCE ON A FARM? (ES NO)
	3. 5.	AME OF ECEASED Type or print)	LINDA	MAY	Lost MASON	4. DATE OF DEATH	Month November	r 11	Year 19 59
	5. 5	Female	6. COLOR OR RACE 7. MARR WIDOWS	ED DIVORCED	B. DATE OF BIRTH Nov.10,195	8	t birthday) Month		UNDER 24 HRS dours Min.
L		Infa	ON (Give kind of work done lib. king life, even if retired)	None	Hagersto	wn.Md.	12.	USA ,	WHAT COUNTR
1		ATHER'S NAME	John D. Mason			nn Harbai	0		
	(Yes.	NO NO	R IN U. S. ARMED FORCES? 16. (If yes, give war ar dates of service)		nformant nn H.Mason 6	09 Adams	Address Ave. Hage	erstown	, Md.
		PART I. DE	lineare	INTERV	AL BETWEEN AND DEATH				
l		Conditions, if a							1
	7	couse (a), stating lying couse lost.	the under- (c)					100	W. C. AUTORS
	CERTIFICATION		HER SIGNIFICANT CONDITIONS C						PERFORMED?
1	_ 1	OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRED					
ж		20c. TIME OF INJUI			ACE OF INJURY (Home, form tory, street, affice bldg., etc.	n. 20f. (City or to	wn)	(County)	(State
- 1	MEDICAL	Hour o.m. p.m.	19 While at world		nory, sireer, direct blog., etc				
- 1	- 1	p. m.	not I attended the decease	k at work), 19 <u>58</u> _, to	514/10	., 1958, that		
- 1		p. m. 21. I certify the	19 at worl	ed fram	occurred ot 7	514/10	causes and or		
		p. m. 21. I certify the alive an actual signature. PHYSICIAN'S NAME (Type)	not I attended the decease Harry D. Bowman	ed fram	occurred ot 7	M, from the ADDRESS (Street, Street, S	e causes and or city or town, state)	Torry 1	stated abordance sign
7	220.	p. m. 21. I certify the alive an actual signature. PHYSICIAN'S NAME (Type)	Harry D. Bowman 19 ot work 10 1 ot work 10 1 ot work 11 12 ot work 12 ot work 12 ot work 13 ot work 14 ot work 15 ot work 16 ot work 17 ot work 18 ot work 18 ot work 19 ot work 10 ot work 10 ot work 11 ot work 11 ot work 12 ot work 13 ot work 14 ot work 15 ot work 16 ot work 17 ot work 18 ot work 18 ot work 19 ot work 10 ot work 10 ot work 11 ot work 11 ot work 12 ot work 13 ot work 14 ot work 15 ot work 16 ot work 17 ot work 17 ot work 18 ot work 18 ot work 19 ot work 19 ot work 10 ot work 10 ot work 10 ot work 10 ot work 11 ot work 11 ot work 12 ot work 13 ot work 14 ot work 15 ot work 16 ot work 17 ot work 17 ot work 18 ot work	ed fram	0., 1958, to occurred of 7. 1. M.D. 318 1. Pote R CREMATORY	M, from the ADDRESS (Street, Comac Stee)	e causes and or city or town, state)	Lorsy 16	pate sign

director, TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by this hospital or attending physician.

10 FUNERAL DIRECTOR of the this certificate has been signed by the ottending physician and campletely filled in by the fun page 3 should be determed for use as the burial-transit permit. Then please regaze carbon papers. Pages, and 2 should the registrar prior to burial, cremotion, or removal, and in any event within 77 hours after death. VS A15 (4) 15M 9/55

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VS A15 (4) 15M 10/57

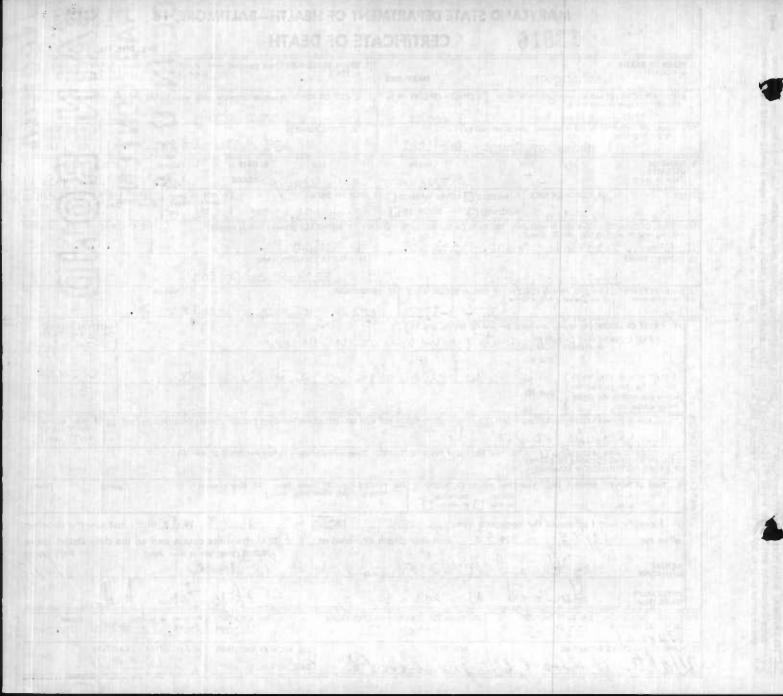
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 13016

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY	Washington	MARYLAND	2. USUAL RESIDENCE (Whe	re deceased lived. If institut b. COUNTY	ion: Residence before admission) Franklin
b. CITY OR TOWN (RURAL and give n	If outside corporate limits, v	write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If ou	Iside corporate limits, write f	RURAL and give nearest lown)
	rstown	3 Weeks	Way	nesboro	75 x-3
	TAL (If not in hospital, give		d. STREET ADDRESS		e. IS RESIDENCE
	Washington Co	ounty Hospital	237	7 Philadelphia	a. Ave. ON A FARM?
3. NAME OF DECEASED (Type or print)	First	Middle LES//E	lost MCCLFADA	4. DATE Moi OF DEATH NO	3
5. SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	
36.7-		DOWED The DIVORCED		lost birthday) 74 yrs.	Months Doys Hours Min.
Male	ON (Give kind of work done	10b. KIND OF BUSINESS OR INDU			12. CITIZEN OF WHAT COUNTRY
during most of wor	king life, even if retired)		Quincy Pa		U.S.A.
3. FATHER'S NAME	mrenistra 7	dnt, Frack Co.	14. MOTHER'S MAIDEN NA		Oeben.
	er In U. S. ARMED FORCES		MFORMANT	ane Gordon	
(Yes, no. or unknown)	(If yes, give war or dates of service				dress
No		173-03-1359 N	lark S. McClea	ry, Waynesbor	o Pa.
	ATH [Enler only one couse ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	per line for (o). (b). and (c).]	Il infancti	h	INTERVAL BETWEEN
1420	DUE TO			0 0 0	
Conditions, if o	any which)	a toursel)	Dialette	uears
gove rise to i	immediate (Contract 3 ca	The avec	Carrous	
couse (o), stoting lying couse lost.	ine under-				
	. , , , , , , , , , , , , , , , , , , ,	ONS CONTRIBUTING TO DEATH BUT	NOT PELATED TO THE TERMIN	IAL DISEASE COMPITION OF	VEN IN PART 1(a) 19. WAS AUTOPSY
\$ 260× ple	reduing ply	ti vlee	NOT KEENTED TO THE TERMIN	AL DISEASE CONDITION GI	PERFORMED? YES NO
PART II. OT	AS UNDERVING (20) CAUSE OF DEATH MEDICAL EXAMINER)	. DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Pa	ort I or Part II of item 18.)	
20c. TIME OF INJUI Hour o. m. p. m.		20d. INJURY OCCURRED 20e. PL While Not while fool work 0 of work 1	ACE OF INJURY (Home, form, ctory, street, affice bldg., etc.)	20f. (City or town)	(County) (State)
21. I certify th	nat I attended the de	eceased from	1970, 10	how 17 1959	that I last saw the deceased
alive on	11/17		occurred at 10 30	M from the course	and on the date stated abave
		A a A		DORESS (Street, city or town,	
ACTUAL SIGNATURE	Toura	I h Wsels	M.D. 136 4. C	1 Formac	11/18/10
PHYSICIAN'S NAME (Type)	Hownra	N. Weeks		Hayerton	u, hed.
220. BURIAL, CREMATIC		22c. NAME OF CEMETERY O		22d. LOCATION (City, town,	or county) (State)
REMOVAL (Specify)	11/20/58	Green H	ill	Waynesboro,	Franklin Pa.
23. FUNERAL DIRECTOR	'S SIGNATURE	ADDRESS	240. REC'D	BY REGISTRAR 24b. REGI	ISTRAR'S SIGNATURE
Walte	U Grove	Maynoshay	Pa DATENOV	2 0 '58 Cm	Thur S. Kennes
	4	0000			



40	Str.			MARYL	AND	TATE DEPAR	IME	NT OF HEALT	H-BALTI	MORE, 1	18	17/00
ig is			130	17 MI	DICA	L EXAMINE	R'S	CERTIFICA 2/3/58.cac	E OF D	AIH	Reg. Dist. N	3 363)
should		1.	Mace of DEATH Wash	ington	J	Hagerstown	AND	2. USUAL RESIDENCE (V		A 1 19 MAY		fore admission)
Poge		-	o. CITY OR TOWN III or and give necres town) Hage:	rstown	e RURAL	several	_	c. CITY OR TOWN (III			RURAL ond give r	nearest town)
irector. les. priar to	81			OR INSTITUTION		spital, give street address)	d. STREET ADDRESS	d Ave			e. IS RESIDENCE ON A FARM? YES NO NO
your fill		17	NAME OF DECEASED (Type or print)	Gary Gar		Middle Alonzo)	Miller	4. DATE OF DEATH N	Month	er / Poy	Year 29, 19 58
o the funded for the re		5. 5	Male Male	6. color or race White		D DIVORCED		August 1	3 1905 3 1905	GE In years birthelpy) 53 yrs.	Months Days	IF UNDER 24 HRS Hours Min.
2, and 3 to be retained and 2 with		100	usual occupation during most of working Painter	(Give kind of work life, even if retired)		CIND OF BUSINESS OR II		Paw Paw				F WHAT COUNTRY
. 0-		13.	FATHER'S NAME					14. MOTHER'S MAIDEN	4			
5 2 W B		-		n Miller					y Alice			
ive Pag Poge File pa		Yes	WAS DECEASED EVER	IN U. S. ARMED FO yes, give wor or dates of	service	social security no. $05-09-9008$		ormant es F. Scal	pelli :	Address LOS Vi	rginia	Ave
n 18. G rm PM3. permit.			18. CAUSE OF DEATH PART 1. DEATH	[Enter only one can WAS CAUSED BY: IMEDIATE CAUSE (o		for (o), (b), ond (c).]	000		and La		INTE	RVAL BETWEEN SET AND DEATH
in Item with for			420.1	DUE TO		0						
pencil in Ilong wit buriol-tra			Conditions, If ony gove rise to immedia (o), stating the un	te couse					3 48			
E 0 0		7	couse lost.) (c)	DITIONIC CO	ANTERIOR TO DEATH	DI IZ NIC	T OF LIFE TO THE TENL		IDIEION ONE		
nding" 's Office	2	CATION						T RELATED TO THE TERM			N IN PARI I(0)	PERFORMED? YES NO
d be		L CERTIFI	200. EXTERNAL CAUSI PRIMARY OF CONT CAUSE OF DEATH.	RIBUTING [b. DESCRIB	E HOW INJURY OCCURE	RED. (Ent	er nature of injury In Par	t i or Part II af ite	m 18.)		
the word dical Exa e 3 shoul		MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Ye	While		factor:	OF INJURY (Home, form y, street, affice bldg., etc.	20f. (City or to	own)	(County)	(State)
gining .								e, held an Autops		ction .	Inquiry [, and find the
10 P			death resulted f	rom: Noturol	couses [XI, Accident [],	Suici	de 🔲, Homicide	, Undet	ermined co	ouse .	
to the DIREC	. 6		ACTUAL SIGNATURE	Stil _	Och	2		M.D. CHIEF MEDICAL EX			111	DATE SIGNED
the ce arded NERAL	Lovome		EXAMINER'S NAME (Type)	PEWO	TIL	TTO In		ASSISTANT MEDICAL			13	CEP
farw forw	0	220	REMOVAL (Specify)	12-2-5		Sunset Me			22d. LOCATION Cumbe	rland	county)	(State)
S. A15ME((5)	23.	FUNERAL DIRECTOR'S			ADDRESS			BY REGISTRAR		RAR'S SIGNATU	RE
5M 9/55	17	0	James F.	Scarpel	li C	umberland	Md	DATE	0 2 50	0.5	0 40	

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VS AIS (4) 15M 9/SS

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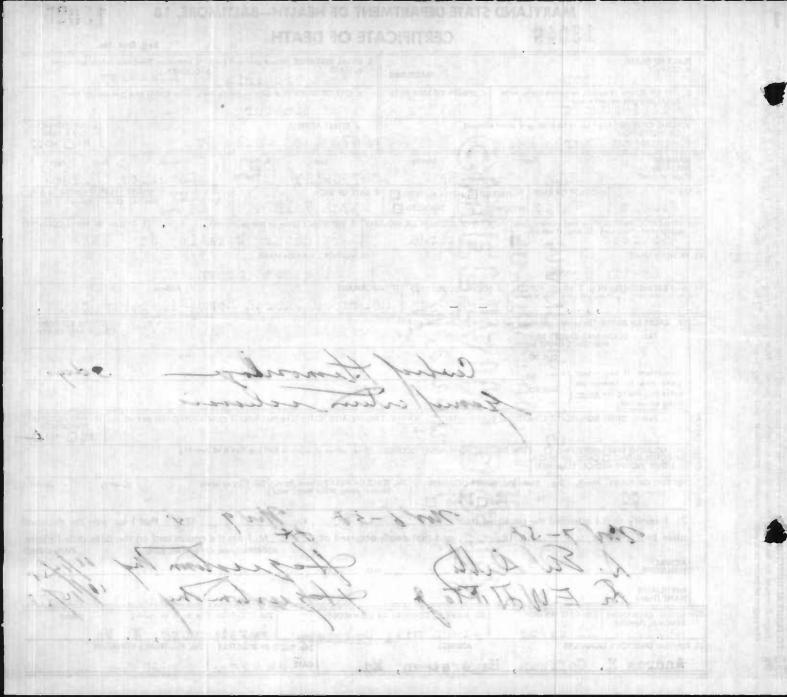
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	MARYLAND	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE,	18
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CERTIFICATE OF DEATH	RTIFICATE OF DEATH
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			7	0	0
Reg.	Dist.	No.	U	V	0

	o. COUNTY ashington	MARYLAND	2. USUAL RESIDENCE (Who o. STATE		. If institution I	Residence before keley	re odmissi	on)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown),	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o		mits, write RURA	L ond give ne	orest lown)	
L	FURAL ond give neorest town)	2½ Yrs	Martins	burg *		8	DX-	3
	d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION	address)	d. STREET ADDRESS	TO			e. IS RESI ON A	
	Homewood Church Home		472 East	Burke S	t		YES 🗌	NO 🖾
1	R. NAME OF DECEASED (Type or print) FILLA	MARTHA 1	Lost MONTGOMERY	4. DATE OF DEATH	Month Noven	ber 9	y y	ear B
	5. SEX 6. COLOR OR RACE 7. MARR	IED NEVER MARRIED	B. DATE OF BIRTH	9. AG	E (In years IF L	UNDER I YEAR	IF UNDER	24 HRS.
	Female White wipowe	DIVORCED	March 7 18	374	birthdoy) Mo	onths Days	Hours	Min.
	00. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Retired	STRY 11. BIRTHPLACE (Stole Lartinsbu	-		12. CITIZEN C	SA	COUNTRY?
Ī	3. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME				
1	Martin Brown		Elizabe	th Brow	n			
	S. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. (Yes. no. or unknown) [(If yes., give wor or dates of service)	SOCIAL SECURITY NO. 17.	INFORMANT	-	Address			
1		3-28-9362 H	lomewood Chu	irch Hon	e Will	iamsp	ott .	Md.
F	18. CAUSE OF DEATH [Enter only one couse per lin					LINT	ERVAL BET	WEEN
1	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)					ONS	ET AND	DEATH
	331X DUE TO	0.1.1	14	0			-/-	
	Conditions, if any, which gove rise to immediate code (a), stating the underlying cause lost.	senul or	tun u	clien	1		de	
	PART II. OTHER SIGNIFICANT CONDITIONS CONDIT	ONTRIBUTING TO DEATH BU	NOT RELATED TO THE TERMI	NAL DISEASE CON	DITION GIVEN I	IN PART I (a)	9. WAS A PERFOR	UTOPSY MED?
		CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in F	Port I or Port II of	item IB.)			
	Hour o. m. While	Not while of work	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.	, 20f. (City or tov.)	vn)	(County)		(State)
	21. I certify that I attended the decease alive on 19 ACTUAL SIGNATURE AT THE SIGNATURE		n occurred at	M, from the ADDRESS (Street, c		on the da	te state	
	PHYSICIAN'S EMAT	Tto &	4/- /	estra	This	/ /	1//0	Tis
	220. BURIAL, CREMATION, 22b. DATE THEREOF BURIAL (Specify) 11/11/58	Green Hill	Cemetery	22d. LOCATION (sburg.	W. Vs	Mote	
1	3. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	240. REC'I	D BY REGISTRAR	24b. REGISTRA	R'S SIGNATUI	RE	
L	Andrew K. Coffman, H	lacerstown,	Md. DATE N	0V 1 2 '58	O.	1 d. /bio	44.5	



		13018		CERII	FICA	HE OF D	EATH			Reg. D	ist. No.		
1.	PLACE OF DEATH	shington		MARY	LAND	2. USUAL RESIDE o. STATE Maryl		ere deceased	lived. If institution b. COUNTY				sion)
	b. CITY OR TOWN (If RURAL and give need	arest lawn)	ts, write	c. LENGTH OF STAY					ate limits, write R	URAL and	give nec	prest fow	n)/
L	Hagers			8 hours	3	Rural		ersv:	ille	10 X	- 11/-		
	d. NAME OF HOSPITA OR INSTITUTION Washing	ton Co.				d. STREET AD						e. IS RES	SIDENCE A FARM? NO (X)
3.	NAME OF DECEASED (Type or print)	MAB		Middle SUSAN	TVI	lost OSER		4. DATE OF DEATH	Novem		00		Yeor
5	SEX	6. COLOR OR RACE	-	IED NEVER MARRIE		B. DATE OF BIRTH					R I YEAR		19 58 ER 24 HRS.
	female	white	WIDOWE			Sept.29	. 18	393	9. AGE (In years last birthday) 65 yrs.	Months	Days	Hours	Min.
10	a. USUAL OCCUPATIO during most of worki	ng life, even it retired)		R INDUS								COUNTRY
1	Housewi	<u>fe</u>	0	wn Home		Frede			Md.	U.	.S.A		
)3.	FATHER'S NAME					14. MOTHER'S A							
		L. Poffi		~			zabe	th M					
	. WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY NO		FORMANT			Add				
	no			none	Mrs	. Lenor	e St	ottle	emyer.	Myer	csvi	.lle	, Md
	The state of the s		13	ne for (a), (b), and (c).]						INT	ERVAL BE	ETWEEN DEATH
	PART I. DEAT	TH WAS CAUSED BY:	, 60	ronary	0	celusi	027				1	70	245
	420.1	DUE TO		1		1 4	,	- North					
	Conditions, if an	y, which }	Ge	neraliz	ea	AXT	cri	030	lorosis	HILL	3	テレ	175
	gave rise to in											1	
	lying couse last.	he under-											
CERTIFICATION	PART II. OTH	ER SIGNIFICANT CON	DITIONS C	CONTRIBUTING TO DEA	ATH BUT	NOT RELATED TO	THE TERMIN	NAL DISEASE	CONDITION GIV	EN IN PA	RT 1(a) 1	PERFC	AUTOPSY ORMED?
		☐ CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY O	CCURRED). (Enter nature of	injury in P	art I ar Part	11 of item 18.)				
MEDICAL	Hour a.m.	Manth, Day, Ye	ar 20d. It While at work	NJURY OCCURRED Not while t of work		CE OF INJURY (Hotory, street, office			or town)		(Caunty)		(State)
	21. I certify the	at I attended the	decease	ed from Z-1	12	1957	to_/	1-25	1958	that I	last so	aw the	decease
	alive on 1/	-24	19.5			accurred at	- 12						
		ΛΛ		a /	404	44401104 44.5			reet, city ar tawn,			D	ATE SIGNE
	ACTUAL SIGNATURE	arles	Fr. 1	Leas	/	M.D				/	1-	25-	58
	PHYSICIAN'S NAME (Type)	Dr. Char	les	F. Hess.		Sm	iths	burg	, Md.				
22	O. BURIAL, CREMATION	N, 226. DATE THERE	OF .	22c. NAME OF CEMI	ETERY OF	CREMATORY		22d. LOCAT	ION (City, tawn,	or county)		(Sto	te)
	Burial (Specify)	Nov.28,	195	\$ Gros	ssni	ckle's	1	Ir.My	ersvill	e,F	red.	.Co.	Md.
23	. FUNERAL DIRECTOR'S	SIGNATURE	-11	ADDRESS				BY REGIST					
	Flex	TO DIE	100	Mana managed 2	17-	363	DATE	e 150	at	1 8	Heart	4	

director. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death; Page 4 hospital or attending physician.

The attending physician and completely filled in by the full this certificate has been signed by the other this certificate has been signed by the physician papers. Pages I and 2 should the burial-transit permit. Then please remove carbon papers. Pages I and 2 should the page of the the registrar prior to burial, cremation, ar remayal, and in any event within 72 hours after death. moy be retained by the page 3 should be det VS A15 (4) 1SM 9/S5

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VS A15 (4)

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the fund	hen please remave carban papers. Pages 1 and 2 should Expred with eart within 72 hours offer-death.
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ly filled	Pages 1
ne attending physician and campletely filled in by the fund	papers.
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attending	nen please remave carban pap ent within 72 haurs after-death
e	ent en

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 13050 CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY Washington b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) months Williamsport Maryland RFD #1 Downsville d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? Convelescent Falling Waters Road YES NO T NAME OF First Middle 4. DATE Lost Day Year DECEASED OF DEATH (Type or print) Robert Lincoln Myers Nov. 19 58 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years last birthday) B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Male White WIDOWED T DIVORCED T Dec. 94 yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even il retired) Farm Farmer S. A Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Peter Myers Miller Margaret 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) No Williamsport, Md. RFD Kenneth Myers one 1B. CAUSE OF DEATH [Enter only one couse per line for (a) (b), and (c).] PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Canditions, if ony, which (b) gave rise to immediate DHE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year (County) (State) factory, street, office bldg., etc.) Hour o. m. While Not while of work of work p. m. 21. I certify that I attended the deceased from 19 __that I last saw the deceased and that death occurred at 4:30 km, from the causes and on the date stated above. alive on ADDRESS (Street, city or lown, state) ACTUAL PHYSICIAN'S NAME (Type) 220. BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Greenlawn Cemetery NOV. amsport Maryland 23. FUNEPAL/DIRECTOR'S SIGNATURE 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATENOV 1 2 '58 arthur & Thous

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The Bridge State of the Br		THE ATE OF		060 Ed.	
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FOR STATE

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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours offer death. If any delay is necessary, please execute the certificate withing the word "pending" in pendil in them, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be farward the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your TO FUNERAL DIRECTOM: rage 3 should be used as burial-transit permit. Six pages 1 and 2 with the State Board of with a feeting or its designated agent, prior to burial, cremation, or removal, and infany event within 72 hours after death. 21 VS. A15ME

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HEALTH DEPT.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 13051

13029

, A	2017										Reg.	Dist. No	o.	362
1. PLACE OF DEATH						2. USUAL RE	SIDENCE (W	/here deceo	sed lived.	f institu	tion: Resi	dence be	fare adm	ission)
d. COUNTY	Washing	ton		MAI	RYLAND	o. STATE	Michi	gan	b. (COUNTY	' C	akl	and	
b. CITY OR TOWN II	f outside corporate limits, writed	e RURAL	c.	LENGTH OF STA	Y IN 1b	c. CITY OI	TOWN (IF	outside cor	porate limit	s, write	RURAL o	nd give i	neoresi lo	wn)
Us#	40 - west			D.O.A.			Ponti	lac		5	9X	-3		
	town, Maryl		n hospital	, give street addr	ess)	d. STREET	-	tel					ON	ESIDENCE A FARM?
3. NAME OF	Fic	rad		Middle	1	Los		4. DATE		Month		Dov		(eor
(Type or print)	В	lai		Sailar		orton		OF DEATH]	Nov.				9 58
5. SEX	6. COLOR OR RACE	7. M	ARRIED [NEVER MARRI	ED 18.	DATE OF BIRTI	1		9. AGE IIn	years		-	-	ER 24 HRS.
Male	White	WIDO	OWED [DIVORCE	J	any 2	191	9		yrs.	Months	Days	Hours	Min.
10a. USUAL OCCUPATION	ON (Give kind of working life, even if retired)	done 1	Ob. KIND	OF BUSINESS O	R INDUSTR	Y 11. BIRTHPE	ACE (State	ar fareign a	country)		12. CI	TIZEN O	F WHAT	COUNTRY
Laborer			Auto	Facto	ry	Wash:	ingto	n Tw	shp l	Mich	2	U	SA	
13. FATHER'S NAME						14. MOTHER'S	MAIDEN N	IAME						
Don No:	cton				30.0	I	ray	Salia	ard					
15. WAS DECEASED EV	ER IN U. S. ARMED FO	RCES?	16. SOC	IAL SECURITY NO	D. 17. IN	FORMANT				Address				
Yes no. or uninawn)	If yes, give war or dates of	2	Unl	known	Mr	Don 1	Vorto	n 62	025 1	Jan	Dyk	e R	d	
18. CAUSE OF DEA	TH (Enter only one co	use per	line for (o), (b), and (c).]			The same of the same	ich				INI	RVAL BETWI	ItN
PART I. DEA	TH WAS CAUSED BY:	,		Fracture	d Sla	11: Mai	tinle	frac	ture	ribs	3:	ONS	EF AND DE	A714
823X	DUE TO	'		pture ao										-
Conditions, If a		,		en fract							41 9			
gave rise to imme	diate cause (Ор						AIIRIO	2				
(a), stating the cause last.	(c			Hen	norrns	ige and	suèci							
Z PART II. OT	HER SIGNIFICANT CON		S CONTR	RIBUTING TO DEA	TH BUT NO	OT RELATED TO	THE TERMI	NAL DISEAS	E CONDITIO	ON GIVI	EN IN PA	RT 1(0) 1		
YAK													PERFO	RMED?
PART II. OT	USE WAS 20	Ob. DES	CRIBE HO	W INJURY OCC	URRED. (En	ter nature of in	jury in Port	I or Port II	of item 18.)			00	[]
CAUSE OF DEATH.	NTRIBUTING [of auto							car	off	roa	d int
3 20c. TIME OF INJU		-			20e. PLAC	OF INJURY (Home, form.	20f. (City				ounly)	-tr	66) (Sible)
20c. TIME OF INJU	x Nov. 15%	58	While	Not white	factor	y, street, office	bldg., etc.)			U				
	nat I took chorge					ighway	Autone		ral-					
						_						-		d in my
opinion deom	resulted from:				ideni 🔀	J, Suicid	e [], F	lomicide	L, 0	ndefer	mined	monne	er [
ACTUAL SIGNATURES,	Poder.	ブ)	hee	ees		M.D. CHIEF A	MEDICAL EX	AMINER [DATE S	IGNED
EXAMINER'S NAME (Type)	S. Ro	ber	t We	lls, M.D				XAMINER [_		11-	15-5	8	
220. BURIAL, CREMATIC		OF	22c.	NAME OF CEME	TERY OR C	REMATORY		22d. LOCA	TION (City.	ławn, a	r county)		(State	0)
Burial	Nov 19	9 19	958	Romeo	Ceme	terv		Rome	eo la	con	db C	o M	ich	
23. FUNERAL DIRECTOR				ADDRESS		Jones y	240. REC'E	BY REGIST			TRAR'S S	100	RE	
Andrew	K. Coffm	an .	Hag	erstown	Md		DAMOV	1 8 '58		Cirth	un 8.	House		

174. 4 DE CROWN			M TO THE REAL PROPERTY.
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A Mindle . To Children and - I			
The state of the s			
		No. Daniel IX	S. S. T. Line
		. C.W. Widney fresh .	E Comment

	13019		CER	RTIFICA	ATE OF I	DEATH			Reg. D	ist. No.		
1, PLACE OF DEATH o. COUNTY WE	ashington		M	ARYLAND	2. USUAL RES	Md.		lived. If institution b. COUNTY	Was		re odmissi	on)
b. CITY OR TOWN (I RURAL and give no Hagers	If autside carporate limi eorest tawn) COWN	ts, write	c. LENGTH OF S			town (If or		ote limits, write R	URAL ond	give nec	erest tawn)
OR INSTITUTION	gton Coun				d. STREET	ADDRESS						DENCE FARM? NO
3. NAME OF DECEASED (Type or print)	Ida ^{fir}	sf	Florence	ddle e	Pad en		4. DATE OF DEATH	No.	weml	oer		9 58
female	6. COLOR OR RACE	7. MARR		ARRIED	NOV. 2	тн 2, 187		9. AGE (In years lost birthday) 2 yrs.	Months Months	Days	Hours	R 24 HRS. Min.
10o. USUAL OCCUPATION during most of world NOUSE	king life, even if retired	done 10b.	KIND OF BUSINES	SS OR INDU		ingto			12. CI	TIZEN O	F WHAT	COUNTRY
13. FATHER'S NAME	Frank T	rovi	nger		14. MOTHER'S	S MAIDEN N	AME	Harrie	t Ho	0076	er	
15. WAS DECEASED EVE	R IN U. S. ARMED FOR Ilf yes, give war or dates of s		SOCIAL SECURITY		nformant Earl Pa	den,	Hage	rstown,				
PART I. DEA 585X Conditions, if a gove rise to i	mmediate (, Oc	ette Ju	hola	ing Ol	shoul	in			INTE	erval set and	eles
200. ACCIDENT WA	HER SIGNIFICANT CON AS UNDERLYING C CAUSE OF DEATH) DITIONS <u>(</u>	CONTRIBUTING TO						'EN IN PAI	RT 1(0) 1	PERFO	NO [
20c. TIME OF INJUR Hour a.m. p. m.	MEDICAL EXAMINER)	While	NJURY OCCURRED Not while	20e. Pl	ACE OF INJURY clory, street, office	[Home, form, te bldg., etc.]	20f. (City	or town)		(County)		(Stote)
21. I certify the alive an	PAUL H	deceas , 19	ond t		3 , 19.5 accurred at			v , 1951 the causes of reet, city ar town, Lausm	ind on t		te state	deceased d abave JE SIGNEI WUS
220. BURIAL, CREMATIC REMOVAL (Specify)	226. DATE THEREO		Smiths		crematory Cemete		23d. locat Smi	ion (City, town, other burg	or county)		(Stote)
23. FUNERAL DIRECTOR SCOTT F.	's signature Minnich	% So	ADDRESS n, Smit	hsbu	rg, Md.		BY REGIST		TRAR'S SI			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 e haspital or attending physician.

After this certificate has been signed by the attending physician and completely filled after this certificate has been signed by the attending physician and completely filled at far use as the burial-transit permit. Then please remove carbon papers. Pages I and far use as the burial-transit permit withing the burs after death. TO FUNERAL DIRECTO

director,

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VS A15 (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 13020 CERTIFICATE OF DEATH

13031

Reg. Dist. No. 302

1, PLACE OF DEATH o. COUNTY Washington	MARYLAND	o. STATE	nere deceased lived. If institut b. COUNTY					
b. CITY OR TOWN (If outside carporate limits, write	c. LENGTH OF STAY IN 16	Maryland Washington c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town)						
RURAL and give nearest town) Hagerstown	½ hour	X Funkstown						
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	N	d. STREET ADDRESS	001112		e. IS RESIDENCE			
Washington County Hosp	ital	4 W. Popla	ar Street		ON A FARM?			
3. NAME OF DECEASED (Type or print) PAULINE	Middle LTLL IAN	PHLEEGER	4. DATE More More DEATH Novembe		Doy Yeor 15 1958			
5. SEX 6. COLOR OR RACE 7. MARI	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years		AR IF UNDER 24 HRS.			
Female White wow	ED DIVORCED	September 13	, 1899 last birthday) 59 yrs.	Manths Days	Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired) Retired Machine Operator	Shoe Company	Funkstown			OF WHAT COUNTRY			
13. FATHER'S NAME		14. MOTHER'S MAIDEN N						
Ellsworth Osborne	•	Nior	ma Pompell					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.		r. Emory Phlee		n, Md.				
4-43X DUE TO WI	pertensive	tricular fa:	lar Disease ilure and ac	01	of the state of th			
PART II. OTHER SIGNIFICANT CONDITIONS 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	contributing to DEATH BU abetes Mell		NAL DISEASE CONDITION GIV	VEN IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO 🔀			
200. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in I	Part I ar Part II of item 18.)					
Hour a.m. While	NJURY OCCURRED 20e. P Not while k at work	LACE OF INJURY Home, form actory, street, office bldg., etc.	20f. (City ar town)	(Caunt	y) (State)			
21. I certify that I attended the decease alive an NOV . 15 , 19.	ed from July 18	accurred at 2:25	DAM, from the couses of ADDRESS (Street, city or town, orth Potomac	and an the d	ate stated above			
PHYSICIAN'S R.A.Bell,	M.D.	Hagers	town, Maryl	and.				
22a. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY	OR CREMATORY	22d. LOCATION (City, town,	or county)	(State)			
Burial 11/17/1958		metery	Hagerstown,		Maryland			
23. Suter-Rouzer Funeral Home	ADDRESS		D BY REGISTRAR 24b. REGI	STRAR'S SIGNAT	URE			
B. Franklin Ronger	Hagerstown,	Mid. DAFOV	1 8 '58 Que	0 11				

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MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
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13032

3052	CERTIFICATE	OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY			MARYLA		2. USUAL RESIDENCE (V	Where deceased	lived. If institution: Resid	
	ashington					rland	wa.s	hington
RURAL and give		4.1	c. LENGTH OF STAY IN	16			ote limits, write RURAL on	1.7
	rg Md. RF.		67 yrs.			irg Mai	ryland R;	F. ". #1
d. NAME OF HOSP OR INSTITUTION	ITAL (If nat in haspital, g	give street	address)		d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
	Antieta	m			A.	ntieta	am	YES NO
3. NAME OF DECEASED	Fit	rst	Middle		Last	4. DATE OF	Month	Day Yeor
(Type or print)	Effie		Virginia	1	Pierce	DEATH	Nov.	16 1958
5. SEX		7. MARE	RIED NEVER MARRIED	□ 8.	DATE OF BIRTH			ER I YEAR IF UNDER 24 HRS
Female	White	WIDOW	ED DIVORCED [Feb. 16 18	390	last birthdoy) Month	Doys Haurs Min.
100. USUAL OCCUPAT	ION (Give kind of work rking life, even if retired	done 10b.	KIND OF BUSINESS OR I	NDUST	RY 11. BIRTHPLACE (Sto	le or foreign co	untry) 12. (CITIZEN OF WHAT COUNT
House		,	Home		Sheher	dstown	W. Va.	TT C A
13. FATHER'S NAME			I YW TO THE T		14. MOTHER'S MAIDEN			U. D. A
V	William El	v		- 21	An	na Jan	าร์ ฮุกท	
15. WAS DECEASED EV	ER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17. INF	ORMANT	TIEL OCH	Address	
(Yes, no or unknown)	(If yes, give war or dates of s		NONE	Mr.	Howell P	ierce	Sharpsburg	r Md RFD #1
18. CAUSE OF DE	ATH [Enter only one co	use per li	ne far (a), (b), and (c).]	-				INTERVAL BETWEEN
PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o		Cerebral	h	emorrhage			ONSET AND DEATH
11221	DUE TO	,						Z WCCK
Conditions, if			eriosclero	1.10	e andia-s	zo con l	an dicacca	E
gove rise ta	immediate (7 4 2 1	, 001010-1	rabcal	ar arbeabe	5 years
lying couse lost	ine under-							- NEW 1886
	10		ONTRIRUTING TO DEATH	RUTN	OT PELATED TO THE TER	MINIAL DISEASE	CONDITION CIVEN IN B	ART 1(o) 19. WAS AUTOPSY
OIT	inek siormichiti cort	01110113_	CONTRIBUTION TO DEATH		OF KEEPIED TO THE TERM	WIINAL DIDEADE	CONDITION GIVEN IN P	PERFORMED?
O ACCIDENT W	(AC LINIDERLYING T	30L DEC	CRIRE HOW IN HURY OF	02001		D 11 D 1	4. 6 % 36 %	YES NO
O (IF EITHER, NOTIF)	G CAUSE OF DEATH MEDICAL EXAMINER)	200. DES	CRIBE HOW INJURY OCC	UKKED.	(Enter nature at injury ii	n Port 1 or Port	II of (fem IB.)	
	RY Month, Day, Yes	or 20d. II	NJURY OCCURRED 20	e. PLAC	E OF INJURY (Home, for	rm, 20f. (City	or town)	(County) (State
Hour o.m.	19	While of wor	Not while	focto	ry, street, office bldg., e	tc.)		
			703	10	6	lov. 16	4	
NT-	hat I attended the	deceas	CO 11 O111	200				I last saw the deceas
alive an_IVO		., 19	and that de	eath o	ccurred at			the date stated aba
ACTUAL)	All. A	4	MULK!	<			eet, city or town, state)	DATE SIGN
SIGNATURE	racioc/V			M.	D	Sharps	sburg, Md.	11/19/58
PHYSICIAN'S NAME (Type)	Walter H.	. Sh	ealy M. D.	1				
	ON, 226. DATE THEREC		22c. NAME OF CEMETER		REMATORY	22d LOCATI	ON (City, tawn, or county	104-1-1
Burial (Specify			Mt. View		metery			
23. FUNERAL DIRECTOR		70	ADDRESS	. 08		C'D BY REGISTR	In the Land of the Control	ryland
6 117	7/10	710	1118	-	1 2			2 / 4
X.C.L.L.L.	6.16	-W2	Klind CLADO	117	16 DATEN	OV 2 0 '58	arthur S	. Thurs

- A	BY BROWN INC. HEIGHT OF THEMTH ATTO STATE ONE LYN	
	HTARG TO STADISTRED	
	argael vaccines. L'emforchis	
	planting to those were little of how along tears.	
		(FET 1.901)
		10 to 40 miles

23. FUNERAL DIRECTOR'S SIGNATURE

Fred W. Kraiss

		MARY	LAND	STATE DEPARTM	NENT OF HEALT	H-BAL	TIMORE, 1	8		130	133
1		13021		CERTIFIC	ATE OF DEAT	Ή		Reg. D	ist. No		
7:	LACE OF DEATH	Washington	7	MARYLAND	2. USUAL RESIDENCE (Vo. STATE	Vhere decease	d lived. If instituti b. COUNTY	on Reside		re admiss	ion)
t	CITY OR TOWN (If	outside corporate limi	ts, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (II	outside corpo	prote limits, write R			-	1)
	Hagerst			6 months	03 Hager	stown					
	OR INSTITUTION	n Conv. Ho		oddress)	d. STREET ADDRESS	nset Av	7e.,			e. IS RES ON A YES	FARM?
1	NAME OF DECEASED Type or print)	Fir Ivy	st	Middle Virginia	Reed	4. DATE OF DEATH	Mon 11	th	28	y ,	Yeor 19 58
5. S	EX	6. COLOR OR RACE	7. MARE	IED NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years	-		IF UNDE	R 24 HRS
	female	white	WIDOW		Feb. 28, 1884		lost birthday)	Months	Doys	Hours	Min.
10a.	during most of working house	ing life, even it refired	done 10b.	home	STRY 11. BIRTHPLACE (Store		ountry) V. Va.	12. CI	U.S		COUNTRY
13.	FATHER'S NAME				14. MOTHER'S MAIDEN						
	Le	vi Morris	Law		Iri	s Woodf	ford				
	NAS DECEASED EVER	IN U. S. ARMED FOR It yes, give wor or dates of s	ervice)		rs. Violet G	ray	Hagersto		1d.	MB	
	18. CAUSE OF DEAT	TH [Enter only one co	use per li	ne for (a), (b), and (c).					LINTI	ERVAL BE	TWEEN
	PART I. DEAT	H WAS CAUSED BY	,						ON	ET AND	DEATH
	331X	DUE TO		- 1	1./				-	10-	
	Conditions, if an	y, which) (b		Carl.	He as and	1			/	n	1
	gave rise to in cause (a), stating t	mediate (,	2/1/15		7					
	lying cause last.) (c	%	Therland	5 /Vac	where	Rese				
FICATION	PART II. OTH	ER SIGNIFICANT CON	DITIONS	MIRIBUTING TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEAS	E CONDITION GIV	EN IN PAI	RT 1(o) 1	PERFO	AUTOPSY RMED?
TIFIC	20a. ACCIDENT WAS	S UNDERLYING []	20b. DES	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Port I or Par	t II of item 18.)			11.3	140 []
CERT	(IF EITHER, NOTIFY	MEDICAL EXAMINER)									
MEDICAL	20c. TIME OF INJURY Hour a. m.	Month, Day, Yes	White	Not while to	ACE OF INJURY (Home, for ctory, street, office bldg., e	rm, 20f. (City	or town)		(County)	100	(State)
2	p. m.			of work	A/:	11		^	- 0		
	1	at I attended the	decease	ed from	1957, 10		1927				
	alive on	197.4.28	, 19	and that death	accurred at		n the causes o	ind an I	the da		
	ACTUAL SIGNATURE	1. 201	D)		MD ON	ADDRESS (S	treet, city of tom	Mote)		01	ATE SIGNE
	PHYSICIAN'S NAME (Type)	TREI	Na	71770 k	de	eu	charl	2		/	2//
220.	BURIAL CREMATION REMOVAL (Specify) burial	12-1-58	F	Rest Haven	R CREMATORY		TION (City, town, o			(State	4

TO HOSPITAL OR VS A15 (4) 1SM 10/57

ADDRESS

Hagerstown, Md.

240. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE arthur S. Krous a search

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13022

CERTIFICATE OF DEATH

		2007	-							Keg. DIS	r. 140.	
1. P	ACE OF DEATH COUNTY WASHING	TON		MAR	YLAND	2. USUAL RESIDENCE o. STATE MARYLAN		ere decease		Tution: Residenc		admission)
b	RURAL and give ne	and days	ts, write	c. LENGTH OF STA		c. CITY OR TOWN						ist town)
	HAGERST			ONE HOU	R	X FUNKS		IN				
d	OR INSTITUTION	AL (If not in hospital, g		oddress)		d. STREET ADDRES		OPLA	R STRE	ET		ON A FARM?
D	AME OF ECEASED	Fir		Middl		Lost		4. DATE OF		Aonth	Day	Year
	ype or print)	JOHN:	I -	EMORY		REESE		DEATH	OVEMBE		1958	
5. SI	ALE	6. COLOR OR RACE WHITE	WIDOW	DIVORCE		8. DATE OF BIRTH	18	394	9. AGE (In year lost birthdo)		-	F UNDER 24 HRS. Hours Min.
10a.	USUAL OCCUPATIO	N (Give kind of work	done 10b.	- Card	OR INDU	STRY 11. BIRTHPLACE					ZEN OF	WHAT COUNTR
	during most of work	ing life, even if retired RETIRED)		ISON				SH.CO.		S.A	
13. F	ATHER'S NAME					14. MOTHER'S MAID	DEN N	AME				
J	OHN REES	E				MISS	300	RI F	AULDER			
	VAS DECEASED EVEL	R IN U. S. ARMED FOR	CES7 16.	SOCIAL SECURITY N	0. 17. 1	NFORMANT			A	ddress		
				17 16 95	57 N	RS.RUTH F	रमम	SE F	UNKSTO	WN MD		
		TH [Enter only one co			. 4	0 7 .					INTER	VAL BETWEEN
	PARI II DEA	IMMEDIATE CAUSE (o	AC	cute Core	onar	y Occlusi	.on	•			1	nour.
	420,1	DUE TO		therosel.	eret	ic Cardio	1770	coul	an Dic	0220	v	ears.
	Conditions, if or	nmediate	-	01101 0501	0100	TO GALATO	va.	SCUL	T DIS	case.	7	cars.
	couse (o), stoting	the under-										
z	lying couse lost.) (c	-	CALTRIBUTING TO D	EATH BUT	NOT RELATED TO THE T	VC DA41A	NAL DICEAS	E COMPIZIONI	CIVEN IN DART	1(-) 10	WAS ALITORSY
CATIO	PARI II. OTF	iek significant con		one.	EATH BUT	NOT KEENTED TO THE	IERMII	NAL DISEAS	ECONDITION	GIVEN IN PARI		PERFORMED?
CER	20a. ACCIDENT WA OR CONTRIBUTING IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY	OCCURRE	D. (Enter noture of injur	ry in P	ort I or Por	t II of item 18.)			
MEDICAL	Hour o. m.	Y Month, Doy, Ye	While	Not while		ACE OF INJURY (Home, ctory, street, office bldg			or town)	(C	ounty)	(Stole)
	21. I certify th	at I attended the	deceas	ed fram No	v. 2	2, 19 58, ta	N	ov.	22, 19	58 that 11	ast sav	v the decease
	alive an NO				at death	accurred at 8:	00	PM, fran	n the cause	s and an th		stated abov
	ACTUAL SIGNATURE	Mo.	K	tell		M.D. 119 N			otomac		11-	24-58
	PHYSICIAN'S NAME (Type)	R.A.Bell	.,M.I) .		Hager	st	own,	Maryl	and.		
220.	BURIAL, CREMATIO REMOVAL TSPECTY)	NOV.26	1958	REST HA	METERY C	CEMETERY			TION (City, 10W			(Stote)
23. 1	UNERAL DIRECTOR	S SIGNATURE B	Res	ADDRESS .	slo	20 md DAT		NOV 2	758 24b. RE	GISTRAR'S SIG		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the traspital ar attending physician.

TO FUNERAL DIRECTOR for this certificate has been signed by the attending physician and completely filled in by the fur page 3 should be delibered far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld the registrar priar to burial, cremation, ar remayal, and in any event within 72 haurs after death. VS A15 (4) 15M 9/55

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director,

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CERTIFICATE OF DEATH

Rea Dist No

	2000				vað. r	7131. 140.	
1. PLACE OF DEATH o. COUNTY Was	shington	MARYLAND	2. USUAL RESIDENCE (WI o. STATE Maryl		I COLLEGE	ence before odmissi shington	
b. CITY OR TOWN RURAL and give	(If outside corporate limits, wi	ite c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If	outside corporate	timits, write RURAL and	give nearest town	
V V	sport Id.	81 yrs.	X Wiblian	sport	Fid.		
d. NAME OF HOSP OR INSTITUTION			d. STREET ADDRESS		01	e. IS RESI	FARM?
34 1	Potomac Str			otomac	Street	YES	NO [7]
3. NAME OF DECEASED (Type or print)	Mamie ~	Matilda.	Rhodes	4. DATE OF DEATH	Month Nov.	/	958
s. sex Female	7.79	MARRIED NEVER MARRIED	8. DATE OF BIRTH Sept. 2 18	Mary Mary	AGE (In years less birthday) Nanths Nanths	PAT Hours	R 24 HPS. Min.
100. USUAL OCCUPAT during most of wo Housev	rking life, even if refired)	106. KINÓ OF BUSINESS OR INDU Home	ISTRY 11. BIRTHPLACE (Stote Maryla		17) 12. C	U.S.A	COUNTRY
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME			
A	braham Renn	er	Ama	nda Sm	ith		
15. WAS DECEASEDEV (Yes no. or unknown) NO	(If yes, give wor or dates of service)		r. Clinton		34 Address P	otomac	St.
Canditions, if gave rise to couse (o), stoting lying couse last	the under-	INS CONTRIBUTING TO DEATH BUT	I NOT DELATED TO THE TERM	NIAL DICEASE C	ONDITION CIVEN IN 8	DT V-1 10 WAS A	UTORSY
<u> </u>		NO CONTRIBUTION TO DEATH DO	THO TREE TO THE TERM.	NAME DISEASE CO	SABINON GIVEN IN FA	PERFOR	MED?
(IF EITHER, NOTIF	AS UNDERLYING 20b. G CAUSE OF DEATH Y MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port I or Port II	af item IB.)		
20c. TIME OF INJU Hour o. m. p. m.	W W	od. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form ctary, street, affice bldg., etc	1. 20f. (City or	town)	(County)	(Stote)
21. I certify to alive anACTUAL SIGNATURE	hat I attended the dec		19 , 19 , to (1) occurred at (2) 3	JM, fram the ADDRESS (Street	he causes and on city or tawn, spote)	the date state	
PHYSICIAN'S NAME (Type)		1			/ 10		/
220. BURIAL, CREMATION PREMOVAL (Specify	Nov. 30-5	8 Greenlawn		7 7 4 10 11 .	City, town, or county	7)
23. FUNTERAL PREZTO	S SIGNATURE COL	20. Wiensp	out The DANEC	D BY REGISTRAF	24b. REGISTRAR'S S arthur &.		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital ar attending physician.

TO FUNERAL DIRECTOR After this certificate has been signed by the attending physician and campletely filled in by the figure director. Page 3 should be delighted for use as the burial-transit permit. Then please remove carbon pages 1 and 2 should with may be retained by the hospital or attending physician. **D FUNERAL DIRECTON** After this certificate has been signed by the attending physician and campletely filled in by the for page 3 shauld be delighted for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld the registrar prior to burial, crematian, ar remaval, and in any event within 72 hours after death.

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VS A15 (4) 15M 9/55

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			4,000
			Electrical Control
	AND SERVICE		A Promise House

MADVIAND STATE DEPARTMENT OF HEALTH PALTIMORE 18

13036

	MAKILANU S	IAIE DEPARTMENT	Ur	HEALIN-BALIMOKE,
tem	13023 ^{G236} ,	12/5/58 CERTIFICATE	OF	DEATH

10000	CERTIFICA	AIL OI DEAIL	Re	g. Dist. No.
1, PLACE OF DEATH COUNTY Washington	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Maryland	ere deceased lived. If institution: R b. COUNTY Wash	and the Armondo
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	102	utside corporate limits, write RURAI	L and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street o	30yrs.	d. STREET ADDRESS	n, Maryland	•, IS RESIDENCE
Washington County Nos		/	Sethel Street	ON A FARM?
3. NAME OF DECEASED First	Middle	Lost	4. DATE Month	Day Year
37.420	(no)	Roane 8. DATE OF BIRTH	9. AGE (In years IF U	25 1958 INDER 1 YEAR IF UNDER 24 HRS.
Temale Colored WIDOWE		April 11 19		onths Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				2. CITIZEN OF WHAT COUNTRY?
Domestie P:	rivate famil	Ly Charles		USA
George Mellems		Sally Ze		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S	SOCIAL SECURITY NO. 17. II		Address	
(Yes, no. or unknown) (If yes, give wor or dates of vervice)	6-22-7706 M	rs Amanda Br	rent 111 W @	aureh St.
/54X DUE TO INTO	noperable ca		n with erosion	Pt. noticed trouble in
gove rise to immediate couse (o), stating the under-lying couse lost.	11 11	11		Nov. 1957
PART II. OTHER SIGNIFICANT CONDITIONS CO. 200. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESC.	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVEN I	N PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NOT
	RIBE HOW INJURY OCCURRED	D. (Enter nature of injury in P	ort I or Port II of item 18.)	
Hour o.m. While		ACE OF INJURY (Home, form, street, office bldg., etc.)		(County) (Stote)
21. I certify that I attended the decease alive an 1122 158 119		occurred at 5145	M, fram the causes and	at 1 last saw the deceased on the date stated above. 11/24/58 ATE SIGNED Hag. Md.
PHYSICIAN'S Dr. Frank E.	Brumback		Hagerstown. Ma	aryland.
220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY OF		22d. LOCATION (City, town, or co	
Burial 11-26-1958	Rose Will	Remetery:	Magerstown Ma	arvland
23. FUNERAL DIRECTOR'S SIGNATURE R Watson &	Nagerateros	240. REC'D DATE DE		R'S STONATURE

VS A15 (4) 15M 9/55

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	to the contract (ent)	ESTATE PROPERTY.
	and an as funds at the same of	
	and takes within	and Liethis your Call
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VS A1S (4) 15M 10/57

MARYLAND	STATE DEPARTMENT	OF HEALTH-BALTIMORE,	18
13054	CERTIFICATE	OF DEATH	

CERTIFICATE OF DEATH

Reg. Dist. No.

13037

1. PLACE OF DEATH o. COUNTY	ashington		MARYLA	20 1	USUAL RESID	Md.	ere deceased	lived. If instituti b. COUNTY	on: Residence Wash	ingto	dmissio N	on)
b. CITY OR TOWN RURAL and give I	(If outside corporate lim nearest town)	its, write	c. LENGTH OF STAY IN	1 JP	c. CITY OR T	OWN (If ou	stside corpore	ote limits, write R	URAL ond g	give nearest	town)	
	rstown Run		10 yrs.	X	I	Hagers	stown					
OR INSTITUTION	TAL (If not in hospitol,		oddress)		d. STREET A	DDRESS					RESID	
Gateway	Nursing Ho	ome			I	R.F.D.	. 2				s 🗋	
3. NAME OF DECEASED	Fi		Middle		Lost		4. DATE OF	Mor		Doy		or
(Type or print)	Nellie		May		Sampse.		DEATH	11	_	12	19	, 58
S. SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED		ATE OF BIRTH		9	. AGE (In years		1 YEAR IF		
female	white	WIDOW	ED DIVORCED	o Ju	uly 2,	1887		last birthdoy)	Months	Doys He	ours	Min.
during most of wor	rking life, even it refired	done 10b.	KIND OF BUSINESS OR	INDUSTRY				entry)		IZEN OF W		OUNTRY?
	sewife		home	- 11- 11-	Com	pton,	va.			U.S.A	•	
13. FATHER'S NAME				14	. MOTHER'S	MAIDEN NA	AME					
Har	vey Smeltz	er			M.	ary Ja	ane Cu	llers				
15. WAS DECEASED EV	ER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17. INFOR	THAM			Add	ress			
no	(ii yez gire iisi si salas si		none	Nor	man E.	Samps	sell	Jess	sup, M	ld.		
Conditions, if a gove rise to couse (o), stoting lying couse lost.	immediate ())						7			7	
ICATI			CONTRIBUTING TO DEAT						EN IN PART	P	ERFOR	NO
THER, NOTIFY	AS UNDERLYING GC CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCC	URKED. (Er	nter noture of	injury in Po	ort I or Port I	I of item 18.)				
20c. TIME OF INJU Hour o. m. p. m.	RY Month, Day, Ye	While	NJURY OCCURRED Not while t of work		OF INJURY (F street, office			or town)	(c	County)		(Stote)
21. I certify to alive an ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	avid N	deceas , 19 s	1-0	leath acc	. 1956 curred at		M, fram	the causes of the cause of	nd an th		tated	
22g. BURIAL, CREMATIC REMOVAL (Specify burial			22c. NAME OF CEMETE Rest Ha					ON (City, town, o Hagersto			(Stote)	íd.
23. FUNERAL DIRECTOR		0 000	ADDRESS				BY REGISTR	AR 24b. REGI	STRAR'S SIG	NATURE		
Fred W. I	Araiss H	agers	stown, Md.			DATHOV	1 7 '58	and	hun 2. 9	Trans		

4.		THEMPSARATARY	alasyaAla	
	HTASO IC	CRUITOMS C		
		Phoenic and		
		The second second		
			medical services	
	•			
	Alberta Street Street			
			15 St. 16 May	
		Tole west.		
•			10-11-11	

VS A1S (4) 1SM 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13038 **CERTIFICATE OF DEATH** Reg. Dist. No.

		13	024	CERTI	FICA	ATE OF DE	ATH	1		Reg. D	ist. No.		
PLACE OF E	Y .	ington		MAR	/LAND	2. USUAL RESIDER	ryla		lived. If instituti b. COUNTY	oni Reside Wash	nce befor	o odmiss	ion)
b. CITY OR RURAL or	TOWN (If our pind give neare Hage)	tside carporate limi at town) rstown	ts, write	c. LENGTH OF STAY		c. CITY OR TO			ote limits, write f	Md.		rest fowi	1)
OR INSTI	ITUTION	on County				d. STREET ADD	RESS					ON A	IDENCE FARM? NO 🚺
NAME OF DECEASED	1-41	Fig		Middle		lost SCOT	nm.	4. DATE OF DEATH	Mor		Do)		Yeor
(Type or pri	6.	COLOR OR RACE White		ABRAHA IED T NEVER MARRI ED DIVORCE	ED 🗍	8. DATE OF BIRTH			9. AGE (In years last birthday)				1958 R 24 HRS. Min.
o. USUAL Of		Give kind of work life, even if retired		KIND OF BUSINESS O	OR INDUS	STRY 11. BIRTHPLAC		or foreign co	53 yrs. untry)	12. C	ITIZEN O	F WHAT	COUNTR
B. FATHER'S N				12000000		14. MOTHER'S M					ODII		
	W	alter Sco	ott			No	ra A	mes					
WAS DECE	ASED EVER IN	U. S. ARMED FOR n. give wor or dotes of s	ervice)	social security No 14-09-2795		nformant rs.E.A.Sc	ott	Clea	rspring,		#1		
gave ri cause (a) lying car	ians, if ony, ise to imm), stating the ouse last.	under-	Gr	CONTRIBUTING TO DE		oclus ofic	Uc.	nf Sm	CONDITION GIV	/EN IN PA	RT 1(o) 15	3e P. WAS PERFO	AUTOPSY PRMED?
20a. ACCI OR CONTI (IF EITHER,	IDENT WAS U	INDERLYING CAUSE OF DEATH DICAL EXAMINER)	20b. DES	CRIBE HOW INJURY C	CCURRE	D. (Enter nature of in	njury in 1	Part 1 or Part	II of item 18.)			YES [NO 4
	OF INJURY	Manth, Doy, Ye	ar 20d. II While at wor	NJURY OCCURRED Not while of work	20e. PL/ foo	ACE OF INJURY (Ho story, street, office b	me, form ldg., etc.	20f. (City	ar tawn)		(County)		(Stote)
21. I co alive an ACTUAL SIGNATUR PHYSICIAI NAME (Ty	n 11-	ellen M	deceas ., 19 =		31- death	accurred at 7	:201					e state	
				I am a second and a second	ETERY O	D CREMATORY		224 LOCAT	ION (City, town,				
20. BURIAL, C REMOVAL Buri	L (Specify)	22b. DATE THEREO		22c. NAME OF CEN		Cemetery			gerstown			(Stot	

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ALCOHOLD WAR

	10020	CERTIFICA	AIL OF DEATE		Reg. Dist. No.	
1. PLACE OF DEATH o. COUNTY W	ASHINGTON	MARYLAND	2. USUAL RESIDENCE (Who o. STATE MARYLA	ND b. COUNT	tion: Residence before Y WASHINGTO	admission) ON
b. CITY OR TOWN RURAL and give i HAGERS		c. LENGTH OF STAY IN 16	V -	outside corporate limits, write	RURAL and give neare	est town)
d. NAME OF HOSP OR INSTITUTION	ITAL (If not in hospital, give stree WASHINGTON COL	t oddress)	d. STREET ADDRESS	HAGERSTOWN,		IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Fint HENRY	Middle ALFRED	SELLER SY.	4. DATE Mo OF DEATH NOVEMBER	onth Day	Yeor 19 58
5. SEX MALE	6. COLOR OR RACE 7. MAR WHITE WIDOV	RRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy) 57 yrs	Months Doys	
ROOFER	ION (Give kind of work done rking life, even if retired)	KIND OF BUSINESS OR INDU		MARYLAND	12. CITIZEN OF	WHAT COUNTRY
13. FATHER'S NAME FRE	EDERICK GUSTAV S	SELLER	AMANDA PA	AULINE SCHLAG		
1S. WAS DECEASED EV (Yas, no. or unknown)		SOCIAL SECURITY NO 17. I		Add	dress EARSPRING	Mo.
	immediate DUE TO	fine for (o), (b), and (c).	genie Ca	nee		VAL RETWEEN T AND DEATH
20g. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF)	THER SIGNIFICANT CONDITIONS AND CONTROL OF THE CONTROL OF THE CAUSE OF DEATH Y MEDICAL EXAMINER)	CONTRIBUTING TO DEATH BUT CONTRIBUTING TO DEATH BUT SCRIBE HOW HAMDRY OCCUPRE	relevous,	Greumon		WAS AUTOPSY PERFORMED? YES NO
Y 20c, TIME OF INJU Hour o. ft. p. m.	While		ACE OF INJURY (Hame, farm, ctory, street, office bldg., etc.	20f. (City or town)	(County)	(State)
actual SIGNATURE	hot I attended the decea 19 19 19 19 19 19 19 19 19 19 19 19 19 1	33 and that death		LM, from the causes ADDRESS (Street, city or town, IAC AVE, HAGER	n, state)	
220. BURIAL, CREMATIC BEMOVAL (Specify		22c. NAME OF CEMETERY O		22d. LOCATION (City, town, BALTIMORE COL		(Stote)
23. FUNERAL DIRECTOR	BAD 7110	Relain R		BY REGISTRAR 24b. REG	SISTRAR'S SIGNATURE	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 hospital or attending physician.

Iter this certificate has been signed by the attending physician and campletely filled in by the function ter this certificate has been signed by the other please remove carbon papers. Pages 1 and 2 should refer to see as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should crematian, at remayal, and in any event within 72 hause after death. may be retained by the hose

TO FUNERAL DIRECTOR. The
page 3 should be detailed
the registrar prior to burial,

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VS A1S (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 13026

CERTIFICATE OF DEATH

13040

200%0			Reg. D	ist. No.
1. PLACE OF DEATH o. COUNTY a shing ton	MARYLAND	2. USUAL RESIDENCE (Whe	b. COUNTY. Washington	nce before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagers town	6 Days	c. CITY OR TOWN (If ou	itside corporate limits, write RURAL and	give nearest town)
d. NAME OF HOSPITAL (If not in hospitol, give street odd or INSTITUTION MASH County Hospital	ress)	d. STREET ADDRESS	ilson Blvd	e. IS RESIDENCE ON A FARM? YES NE
3. NAME OF First DECEASED (Type or print) CL, INTON	Middle EDWARD	Lost SHAFER	4. DATE Month OF DEATH November 5	Day Year 1958 19
s. sex lale 6. COLOR OR RACE 7. MARRIED WIDOWED		8. DATE OF BIRTH Sept. 9 187	last birthday) (Manthall	R 1 YEAR IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lumber Inspector	D OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stoke of Lovettsvil)		TIZEN OF WHAT COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA		
Joseph Shafer		Susan	Stoneburner	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no. or up(pown) (If yes, give wor or dates of service)	00 00==	obert Shafe:	r 1635 Sherman	Ave
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause lost. PART I. DEATH WAS CAUSED BY: (b) DUE TO (c)	remany of motate &	The Heart to	Sease	severelys
PART II. OTHER SIGNIFICANT CONDITIONS CON 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIB		NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVEN IN PA	PERFORMED? YES NO 14
-	RY OCCURRED 20e. PL. Not while for	ACE OF INJURY (Home, farm, clory, street, office bldg., etc.)	20f. (City or town)	(County) (State)
21. I certify that I attended the deceased alive an ACTUAL SIGNATURE WY MALEURAN'S Philip J. Hirshmar NAME (Type) Philip J. Hirshmar	fram March 26	M.O. / 59 W. Woodher	_M, from the causes and on toporess (Street, city or town, state)	DATE SIGNE 11/8/58
REMOVAL (Specify) 11/8/58 R		enetery	22d. LOCATION (City, town, or county) Hagerstown Wash	. Co Ma
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		BY REGISTRAR 24b. REGISTRAR'S SI	
Andrew K. Coffman Hage	rstown Md.	VOMMAD	1 0'58 arthun S.	Firaux

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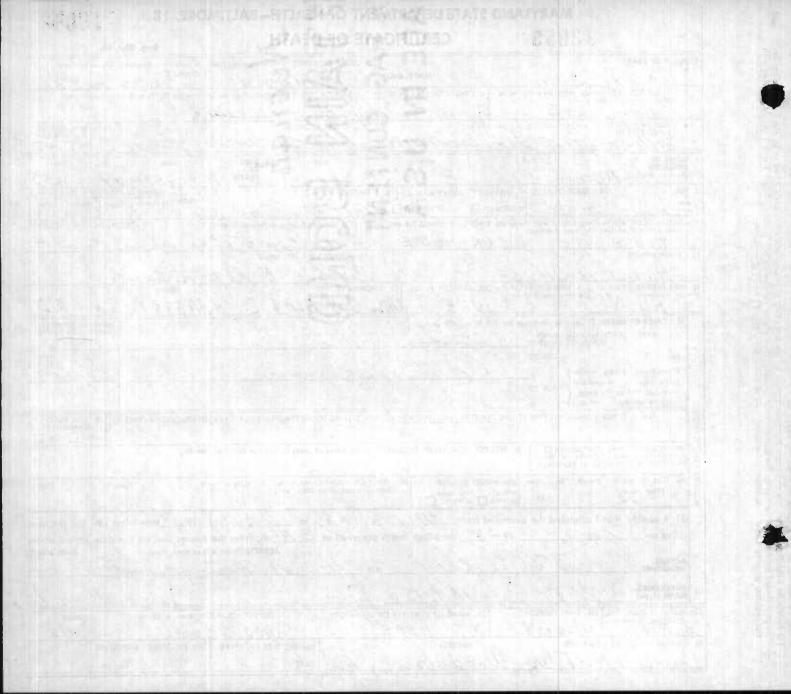
		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 13041
		13027 CERTIFICATE OF DEATH Reg. Dist. No.
M)[PLACE OF DEATH O. COUNTY WAS WING TON MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) O. STATE M. COUNTY Wash.
		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest fown) A Days. C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) A Days. C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) A DAYS. C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) A DAYS. C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) A DAYS. C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) A DAYS. C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) A DAYS. C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
8/		Wash. Co. Hospital Hagerstrum ROG YESP NO
	3.	NAME OF DECEASED (Type or print) HARRY M. SHUCK OF DEATH NOV 21 195
	L	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthday) Months Doys Hours Months Doys Hours M
	L	10. USUA) OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIATHPLACE (State or foreign country) Parties of WHAT COUNTRY AND CO. Pa. 12. CITIZEN OF WHAT COUNTRY Franklin Co. Pa. U.S.A.
7	13.	Samuel Shuck Virginia Burkett 1
	15. (Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address State J. Mortin S. Shuck -
		18. CAUSE OF DEATH [Enler only one couse per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) IMMEDIATE CAUSE (o)
		422.1 DUE TO
		Conditions, if ony, which gove rise to immediate cause (a), stating the under-lying cause lost. (b) Conditions, if ony, which gove rise to immediate cause (a), stating the under-lying cause lost.
0	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTO- PERFORMEN YES NO.
	L CERTIFI	
	MEDICAL	20c. TIME OF INJURY Month, Doy, Year Hour o. m. p. m. 19 20d. INJURY OCCURRED While of work
		21. I certify that I attended the deceased from 9/13919, ta 1/2/5819, that I last saw the deceased alive an 4/2/5819, 19, and that death occurred at 7:554. M, from the causes and an the date stated a
,		ACTUAL SIGNATURE M.D. ADDRESS (Street, city or town, stote) DATE S M.D. M.D. M.D. M.D. M.D. M.D. M.D. M.D. M.D. M.D. M.D. M.D. M.D. M.D. M.D. M.D. M.D. M.D. M.D. M.D. M.D. M.D. M.D. M.D. M.D. M.D. M.D. M.D. M.D. M.D. M.D. M.D. M.D. M.D. M.D. M.D. M.D. M.D. M.D. M.D. M.D. M.D. M.D. M.D. M.D. M.D. M.D. M.D. M.D. M.D. M.D. M.D. M.D. M.D. M.D. M.D. M.D. M.D. M.D. M.D. M.D. M.D. M.D. M.D. M.D. M.D. M.D. M.D. M.D. M.D. M.D. M.D. M.D. M.D. M.D. M.D. M.D. M.D. M.D. M.D. M.D. M.D. M.D. M.D. M.D. M.D. M.D. M.D. M.D. M.D. M.D. M.D. M.D. M.D. M.D. M.D. M.D. M.D. M.D. M.D. M.D. M.D. M.D. M.D. M.D. M.D. M.D. M.D. M.D. M.D. M.D. M.D. M.D. M.D. M.D. M.D. M.D. M.D. M.D. M.D. M.D. M.D. M.D. M.D. M.D. M.D. M.D. M.D. M.D. M.D. M.D. M.D. M.D. M.D. M.D. M.D. M.D. M.D. M.D. M.D. M.D. M.D. M.D. M.D. M.D. M.D.
/		PHYSICIAN'S WILL Breuker D Greenaaste B
	220	Sherial, Gremation, 22b. Date thereof 22- Bame of CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (grote)
	23.	FUNERAL DIRECTOR'S SIGNATURE APPRESS APPRESS APPRESS APPRESS APPRESS APPRESS APPRESS APPRESS APPRESS DATELON 2 4 '58 APPRESS A
	1-6	M. Co. Municy- Mientacle DATENOV 2 4 '58 Comma 2. 1000

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13042

	13055 CERTIFICATE O	OF DEATH Reg. Dist. No.
	Washington MARYLAND 6. STA	AL RESIDENCE (Where deceased lived. If institution, Residence before admission)
	Williamsport Zyne 9mas (days)	TY OR TOWN (If outside carporate limits, write RURAL and give neglest town) Hage y Stown. 03
	Williamsport Lanitarium 4	TREET ADDRESS 438 CU, Washington 6. 15 RESIDENCE ON A FARM? YES \(\sigma \) NO \(\sigma \)
	3. NAME OF DECEASED (Type or print) Minnie E. Slags	Le A. DATE Month Doy Year OF DEATH November 19 1958
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF FEMALE WIDOWED DIVORCED OFFI	
	during most of working life, even if retired) HOUSEWIFE OWN HOME	EIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	Hanson Oliver Ca-	OTHER'S MAIDEN NAME
	15. WÁS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 17 INFORMANT 18. WÁS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. WÁS DECEASED EVER IN U. S. ARMED FORCES? 18. NO NE 19. NO NE 19. NO NE	NY SLAGLE HAGERSTOWN MD
	18. CAUSE OF DEATH [Enter only one cause per line for (a)-(b), and (c).] PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a)	INTERVAL BETWEEN ONSET AND DEATH GLEAGE
151	Conditions, if any, which gave rise to immediate cause (a), stating the under-	lerosis 3 years
	lying cause lost. (c) Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATE	PERFORMED?
	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter not OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	YES NO Tent I or Part II of item 18.)
	20c. TIME OF INJURY Manth, Day, Year Haur o. m. 19 While Not white at wark at wark 19 at wark 19	NJURY (Home, farm, 20f. (City or town) (County) (State)
	21. I certify that I attended the deceased from May 25, 19 alive on 161/18, 19 8, and that death accurred	9.55, to 100.8, 19.58, that I last sow the deceased ed at 3 H. M. from the causes and on the date stated above.
	ACTUAL SIGNATURE TO Complete M.D.	ADDRESS (Street, city or lown, state) 145 Df Dlasting flat
	PHYSICIAN'S W.D. Campbply	Nagerstown M
	220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATOR BURIAL Specify 11/22/58 MT HOPE	ORY 22d LOCATION (City, town, or bounty) (State) WOODS BORO MD
	23. FUNERAL DIRECTOR'S SIGNATURE POWELL Y Hartzler Woodsboro, M.	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE DATEOV 2 1 '58 Onthur S. Kraud



VS A15 (4) 15M 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 13028

CERTIFICATE OF DEATH

13043

Reg. Dist. No. 302

1, P	LACE OF DEATH	1		MARY	AND	2. USUAL RES			d lived. If instituti			
-		Shington (If autside carporate lim	ita unita	c. LENGTH OF STAY I		CIPY OR	Maryl				ningto	
	RURAL and give n	nearest lawn)	ns, wille		14 10	c. CITT OK			rate limits, write f	UKAL and g	ive negrest t	awn)
	H agerst			l day		03		rstow	n			
	OR INSTITUTION					d. STREET	ADDRESS				e. fS Of	RESIDENCE N A FARM?
	Washingto	on County H	ospit	al		744 G	uilfor	d Ave	•			E CN
D	IAME OF DECEASED Type or print)	CLIFTON	rst	IEE Middle	S	TARKEY	st	4. DATE OF DEATH	Novemb		Doy 5	Year 19 58
5. SI	EX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIE	рΠТ	B. DATE OF BIR	TH .		9. AGE fln years		YEAR IF U	NDER 24 HRS.
M	lale	White	WIDOWE			July 17	, 1894		lost birthday) 64 yrs.	Months	Days Hou	rs Min.
10a.	USUAL OCCUPATION	ON (Give kind of work	dane 10b.	KIND OF BUSINESS OF	RINDUS	STRY 11. BIRTHE	LACE (State o	or foreign c	ountry)	12. CITI	ZEN OF WH	AT COUNTRY?
Go	od Year			hoe Company	U-	Ber	rvvill	e. Vi	rginia		U.S.A	
-	ATHER'S NAME						S MAIDEN N		- <u>D</u>		0 00 011	
	(George W. S	tarke	37			M	ame D	ierce			
15. V		ER IN U. S. ARMED FOI			17 11	NFORMANT		aly r	Telce	7011		
(Yes.	no, or unknown]	(If yes, give war or dates of	lervice]								2/2	
-	yes	W.W.I		4-09-0769	I P	rs. Eli	zabeth	Star	key nag	erstor	m, Md	•
		ATH [Enter anly one co	ouse per lin	ne far (a), (b), and (c).]								BETWEEN ND DEATH
	PART 1. DE/	ATH WAS CAUSED BY: IMMEDIATE CAUSE (c	Acu	te corona	rv	occlus	ion					ours
	420.0	DUE TO					1					
	Canditians, if a			erioscler	n+4	a hoar	+ 310	0000			21 "	00 200
	gave rise to i	mmediate (ellosciel	061	C Hear	o als	ease			<2 Y	ears
	cause (a), stating	the under-	,									
2	lying cause last.	.) (e	.)									
5	PART II. OI	HER SIGNIFICANT CON	IDITIONS C	ONI KIBUTING TO DEA	IH BUI	NOT RELATED T	O THE TERMIN	NAL DISEAS	E CONDITION GIV	EN IN PART	1(a) 19. W/	AS AUTOPSY REORMED2_
ŏ.		None									YES	□ NOA
CERI	OR CONTRIBUTING	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OC	CURRE	D. (Enter nature	of injury in Po	art 1 or Par	t II af item 18.)			
MEDICAL	P. m.	RY Manth, Day, Ye	While	Nat while of work		ACE OF INJURY tary, street, office			ar town)	(C	ounty)	(Stole)
1	21 continue	nat I attended the	docas	ed from Mass om	har	5 1055	10NOT	rombo	n E mEs	Ab 1 1		- 1
	dive ou TATT	vember 5	-, 122	$\Omega_{}$, and that	death	occurred of	STADA	M, fron	n the causes o	ind on th	e date st	ated abave
	ACTUAL	1, 11						, ,	,,,	310.07		DATE SIGNED
	SIGNATURE	(1.1 h. /04	mon			M.D. 100_	Profe	28810	nal Art	, B B1	dg. 1	1/5/58
	PHYSICIAN'S		_									
	NAME (Type) W	Illiam T.	Lay	man		Hage	rstow	m			Ma	ryland
22a.		ON, 226. DATE THEREC)F	22c. NAME OF CEME	TERY OF				ION (City, town,	or county)		tote)
B	REMOVAL (Specify)		58	Rest Have	n Co	motor			rstown.	,,	Marv	
_				ADDRESS	u Ge	allere LA.	24a. REC'D	0		STRAR'S SIG		AL WIDA
	Syter-Rou	s signature izer Funera	1 Hom	e Usaska		3.63						
	K. Frankl	In four		Hagerst	rown	, Md ,	DATELOV	7 '58	3 au	huy 8, 9	Travel	

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e. IS RESIDENCE

ON A FARM?

YES NO T

Year

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Washington

Day

IF UNDER 1 YEAR IF UNDER 24 HRS

12. CITIZEN OF WHAT COUNTRY?

Reg. Dist. No.

Address INTERVAL BETWEEN ONSET AND DEATH 30 lum PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY PERFORMED? YES NO M 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) Day, 20d. INJURY OCCURRED (County) (State) factory, street, affice bldg., etc.) a. m. While Not while at work at wark 21. I certify that I attended the deceased from. 19____that I last saw the deceased and that death occurred at 11 40 _M, from the causes and on the date stated above. ADDRESS (Street, city or lown, state) ACTUAL Hagerstown Md PHYSICIAN'S Edward W. Ditto. III. M.D. 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) Wash. County Hospital Hagerstown. Md. 18/58 Cremation 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 246. REGISTRAR'S, SIGNATURE arthur S. Thank DATEOV 2 4 '58

O HOSPITAL FUNER 0

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13056 CERTIFICATE OF DEATH

Reg. Dist. No.

	PLACE OF DEATH O. COUNTY WASHINGT	ON		MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. STATE MARYLAND WASHINGTON					
Γ	b. CITY OR TOWN (IF RURAL ond give nea SHARPS	rest town)	s, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF 6		imits, write R	URAL and give	e nearest t	own)
	d. NAME OF HOSPITA OR INSTITUTION		ive street o		d. STREET ADDRESS	orto			01	RESIDENCE N A FARM?
3.	NAME OF DECEASED (Type or print)	FREDER I		Middle	Lost STITLL	4. DATE OF DEATH NO	Mon VEMBE	R 25	о _у 1958	Yeor
5.	SEX	6. COLOR OR RACE			B. DATE OF BIRTH	9. At	GE (In years st birthday)	IF UNDER 1 Y		
1	MALE	WHITE	WIDOWE	D DIVORCED	SEPTEMBER 10	1884	74 yrs.	Months Do	ays Hou	Min,
100	. USUAL OCCUPATION	N (Give kind of work ong life, even if retired)	lone 10b. I	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State)	12. CITIZE	N OF W	AT COUNTRY?
	JANITOR			ELEMENTORY S	SCHOOL SHAP	RPSBURG	WASH	.co.M	D. U	S.A.
13.	FATHER'S NAME				14. MOTHER'S MAIDEN N	AME				
	WILHAM	STULL			EMMA I	KATE ST	ULL			
15.	WAS DECEASED EVER			SOCIAL SECURITY NO. 17. II	NFORMANT		Adde	ess		
L	NO	yes, give was at dates of te		NONE ME	RS.LOTTIE ST	TULL SH	ARPSB	URG M	D.	
	18. CAUSE OF DEAT	H [Enter only one co	use per lin	e for (o), (b), and (c).]				_	INTERVAL	BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) COVON GRY THY OM DOSIS ONSET AND DEATH 1-3 10 UKS									
	4-20.1 DUE TO									
	Conditions, if any		(orono	IVY SOI	Prus	2-1		: V	Parc
	gove rise to im couse (o), stating th				1				7	
	lying couse last.	(c)			·					
NO	PART II. OTHE	R SIGNIFICANT CON	OITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CON	NDITION GIV	EN IN PART 1	(o) 19. W/	AS AUTOPSY REORMED?
CAT									YES	
CERTIFICATION	20g. ACCIDENT WAS OR CONTRIBUTING [(IF EITHER, NOTIFY M	CAUSE OF DEATH	20b. DESC	RIBE HOW INJURY OCCURRE	D. (Enter noture of injury in P	ort I or Port II af	item 18.)			
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Month, Doy, Yea	While of work	Not while for	ACE OF INJURY (Home, form, tory, street, office bldg., etc.		wn)	(Cou	nty)	(Stote)
	21. I certify tha	t I attended the	decease	d from Cr	18541011	101/2	1950	that I las	t saw th	ne deceased
	alive an	11.110	. 19 L	and that death	accurred at 4 7.	_M, fram the				
	11	0	1	1i		ADDRESS (Street,			11	DATE SIGNED
	SIGNATURE HO	dunn	dV	Va. yes	MD. SUSUL	DVD/S4	OWIN	WU	JOU	17647
	Buyerel Anne TTA	TITARD WAS	(1			7
	PHYSICIAN'S HA	LVARD WAN	IGER,	M.D.						
220	BURIAL, CREMATION	NOV . 28	1958	22c. NAME OF CEMETERY O MOUNTAIN VI	R CREMATORY TEW CEMETER	22d. LOCATION		,,	-	MD .
23.	FUNERAL DIRECTOR'S	SIGNATURE)	1	ADDRESS		BY REGISTRAR	24b. REGIS	TRAR'S SIGN	ATURE	
	Jahr	H. Das	1	Drouglan	ING - DATDEC	1 '58		wo S. the		
									-	

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VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 13057

CERTIFICATE OF DEATH

13046 Rea Dist No

								Keg. D	751, 140		
1. PLACE OF DEATH	n = 4 o n		MARYLAND	o. STATE			lived. If institut b. COUNTY				100
	ngton f outside corporate limi	to maite	c. LENGTH OF STAY IN 16	1	Maryl		2			igtor	
RURAL ond give ne	arest town)	is, wille	C. LENGTH OF STAT IN TO	e. Citt Ok i	OAM (II O	uisiae corpore	ote limits, write f	UKAL ond	give ne	orest town	')
	irg Rural		vears			thbu	cg				
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, s	jive street	oddress)	d. STREET A	DDRESS						FARM?
3. NAME OF DECEASED (Type or print)	Fii Hen	rv S	Middle tull	Loss		4. DATE OF DEATH	Mo:	nth	Do	,	Year 19 58
5. SEX			RIED NEVER MARRIED	8. DATE OF BIRTH	1	19	P. AGE (In years	IF UNDE		IF UNDE	R 24 HRS.
male	white	WIDOW	ED DIVORCED		/1902	2	lost birthdoy) 56 yrs.	Months	Doys	Hours	Min.
10o. USUAL OCCUPATIO	ON (Give kind of work king life, even if retired	done 10b.	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPL	ACE (Stote o	or foreign cou	untry)	12. CI	ITIZEN C	OF WHAT	COUNTRY
farm lab		'	farm	Mar	vland	1		I	I.S.		
13. FATHER'S NAME				14. MOTHER'S			-1				
John S	Stull			Amai	nda S	Stull					
15. WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO. 17.	NFORMANT	2000	- Cul	Add	lress			
(Yes, no. or unknown)	(If yes, give wor or dates of	ervice) 2	20-10-3580 -		1110	Stul:	Smit	hhur	200	Ma	Rt.
				Mrs. Ne.	TTTE	Dout.	T 9 DINT	, i i bu i			
			ne far (a), (b), and (c).	- (- 0	0 9	7			ON	SET AND	DEATH
2210	TH WAS CAUSED BY:		a vallen	may		7			-	Soll	10
3311	DUE TO)	T 1	R		*					
Conditions, if o		11	lemural	() week	mo					-11	
gove rise to i	mmediate (
lying couse lost.	onder-	1				0					
Z PART II. OTH	HER SIGNIFICANT OON	IDITIONS (CONTRIBUTING TO DEATH BU	NOT RELATED TO	THE TERMIN	NAL DISEASE	CONDITION GI	VEN IN PA	RT 1(o)	19. WAS /	AUTOPSY
1193X	(Jan	ter	asman								RMED?
PART II. OTH 493 X 200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY OCCURRE	D. (Enter noture of	f injury in P	ort 1 or Port	II of item 18.)				
	MEDICAL EXAMINER)					7		1796			
20c. TIME OF INJUR	Y Month, Doy, Ye	While		ACE OF INJURY (I	Home, farm, bldg., etc.	20f. (City (or town)		(Caunty)		(Stote)
			2/ 4	110	2				_		
21. I certify th	at I attended the	deceas		UV, 1900	, ta		19				
alive on	20 Mes	, 19.5	, and that death	occurred at	1:201	M, from	the causes	and an	the do	te state	ed abaye
	1.0	1.1	1		16	ADDRESS (S)	oct off of lown	store) C	T	DA	ATE SIGNET
ACTUAL SIGNATURE	MULL	lil	Som	M.D	HAG	ERST(INN MY	RYLA	IND	12	11/39
/	930								-FFP FF	7	
PHYSICIAN'S NAME (Type)	Dr. J.D	. Wi	lson		Hag	ersto	own, Md	•		/	
220. BURIAL, CREMATIO)F	22c. NAME OF CEMETERY C	OR CREMATORY		22d. LOCATI	ON (City, town,	or county)		(State	e)
REMOVAL (Specify)	12/3/7	958	Mt. Zion	Cemeter	77	01111	nev		I	29.	
23. FUNERAL DIRECTOR		/_//	ADDRESS	Jenne Lej	Name and Address of the Owner, when the Owner, which the Owner, whi	BY REGISTR		STRAR'S S	IGNATU	RE	1
Gladhill	Company,	Mia	dletowh. Md				200				
GLUGILLIL	company,	TILL	are cown, ma	•	DATEC	3 '59		-MT 8.	1		
							رتمارت	-MIT D.	Traces	1	

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	ar a Stephenon - To	
		ACCOUNT OF THE
	Grown Lines	

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	OCOC .	OEK III IO	tie of beating	Reg.	Dist. No.
١.	PLACE OF DEATH		2. USUAL RESIDENCE (Where	e deceased lived. If institution, Resid	ence before admission)
	o. COUNTY Was hive tous	MARYLAND	o. SMERULANIA	b. COUNTY FIRE	JEDICK
	1.4.14	ENGTH OF STAY IN 16	c. CITY OR TOWN (If outs	side corporate limits, write RURAL on	d give negres! lown)
	RURAL and give nearest town)		Tar 1 0	- 12	/ 5
	1144565101010	MONTHS - 7 d Ay	TREAFER	ER 1011	· d.
	d. NAME OF HOSPITAL (If not in hospital, give street oddre OR INSTITUTION	ASS)	d. STREET ADDRESS	+ 01	e. IS RESIDENCE ON A FARM?
	WESTERN Md STATE 1	4 OSPITAL	134 FAST	STREET	YES NO X
3.	NAME OF DECEASED P. 1	Middle	Lost 4	DATE Month	Doy Year
	(Type or print) Ruth	upposia.	LMNEPS	DEATH NOVEMBE	2 30 1958
5.	SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED TA	B. DATE OF BIRTH	9, AGE (In years IF UND last birthdoy) Months	ER 1 YEAR IF UNDER 24 HRS.
7	EHALS COLORES WIDOWED		DFP 14 1900	last birthdoy) Months	Doys Hours Min.
100	. USUAL OCCUPATION (Give kind of work done 10b, KIND		TRY 11. BIRTHPLACE (Stole or		ITIZEN OF WHAT COUNTRY
	during most of working life, even if retired)	4. / 4.	Mani	1	11. 11.
	LAUNDRESS ZAK	NARY	114129/4	NO U	NITES STATE
13.	FATHER'S NAME	_	14. MOTHER'S MAIDEN NAM	ME	
	TRANK JULYMERS		ANNIE SO.	hNSON	
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCI	AL SECURITY NO. 17. IN	FORMANT	Address	6
4	NO	Ke	Ath TERKINS	Miladelphan-	2343 N-24 TA
	18. CAUSE OF DEATH [Enter only one couse per line, for	(o), (b), ond (c).]		_ / *	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: Pulled	WOOL FIEL	YN AND GOO	ugrections.	ONSET AND DEATH
	11/64 IMMEDIATE CAUSE (o) 10-1110	NAKY FEILI	IA HOU CON	127110.0	10000
	DUE TO DI	51:11	sof hieron	= 1/22.	115 2100
	Conditions, if any, which (b) 126 86	LMAIIC 110	ZARI WISEASI	E CHIPENIE	7-7 925
	couse (o), stoting the under-				
	lying couse lost. (c)				
Ö	PART II. OTHER SIGNIFICANT CONDITIONS CONT	RIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINA	AL DISEASE CONDITION GIVEN IN PA	ART 1(0) 19, WAS AUTOPSY PERFORMED?
CAT					YES NO
TIF	200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE	HOW INJURY OCCURRED). (Enter noture of injury in Por	rt I or Port II of item 18.)	
CERTIF	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
Y	20c. TIME OF INJURY Month, Doy, Year 20d. INJUR	Y OCCURRED 20e. PLA	CE OF INJURY (Home, form,	20f. (City or town)	(County) (Stote)
WEDICA	Hour o. m. While	Not while foc	tory, street, office bldg., etc.)		(5.5.5)
¥	p. m. 19 of work	of work	(50)	2 23	
	21. I certify that I attended the deceased f	ram APDIL 42	1928, to NG	V. 30 , 1958, that	I last saw the decease
	alive on NOV. 28 , 19 58	, and that death	accurred at 11:35 A	M, fram the causes and an	the date stated above
	0 -11	' ' , /	AP	ODRESS (Street, city or town, state)	DATE SIGNE
	SIGNATURE CHAMPY K. Xura	eurla .	un 1500 /8	UNSULVENIA A	UE 11-36-5
	- 100	1	34		
	NAME (Type) LUADISTO K. LO	27d120401	HAMERS	Honal Md	
220		. NAME OF CEMETERY OF	CREMATORY	2d_LOCATION (City, town, or county	(Ctata)
	REMOVAL (Specify)			Tochiolity, lowin, or county	(Stote)
22	Burial 12-3-58		metery	of ordered	CICALATINE
13.	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		BY REGISTRAR 246. REGISTRAR'S	A S. Traus

TO HOSPITAL OR ATTENDING PHYSICIAN: The low TO FUNERAL DIRECTOR VS A15 (4) 15M 9/55

D FUNERAL DIRECTOR— frer this certificate has been signed by the ottending physicion and completely filled in by the fundage 3 should be delacted for use as the buriol-transit permit. Then please remove carbon popers. Pages 1 and 2 should the registrar prior to burial, cremation, or remaval, and in any event within 72 hours after death.

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No. of the last of the last			
			Marine State on 18 Dect.
The series of th	in and the TEC has beginned		E Supplied of the section of the sec
	in and in . TE, in the terminal transfer of the second		DIMON CO AND LAMOREST CO.
	in and in . TE, in the terminal transfer of the second		

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 13031

CERTIFICATE OF DEATH

13048

Rea. Dist. No.

	PLACE OF DEATH a. COUNTY	asshington	1	MARY		2. USUAL RESIDENCE o. STATE Md.		d lived. If instituti b. COUNTY		wash		on)
F	b. CITY OR TOWN (II RURAL and give ne Hagers	arest tawn)	nits, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN	(If outside corpo	orate limits, write R	URAL and g	ive near	est tawn)	
	d. NAME OF HOSPITA OR INSTITUTION Wash. Co	AL (If not in hospital, . Hospital	give street	1		9. STREET ADDRESS	5			e	ON A YES	FARM?
3.	NAME OF DECEASED (Type or print)		niel	Middle R	T	ressler	4. DATE OF DEATH	Mon 11	th	Doy 20		ear o 58
L	male	white	WIDOWI			DATE OF BIRTH		9. AGE (In years last birthdoy) 60 yrs.	IF UNDER Months	YEAR I		
L	during most of work farmer	ing life, even if refired	3)	KIND OF BUSINESS OF raiss Farm	RINDUST		Line, Pa	ountry)		ZEN OF		COUNTRY
15	Geo WAS DECEASED EVER	rge Tress			Ta= 10.00	Sarah	Ledy		411			7.7
I3.		IN U. S. ARMED FOI	(applica)	SOCIAL SECURITY NO. 23-18-3385		ormant s. Pearl Ti	ressler	Clear	spring	g, M	d.	
	Conditions, if on gave rise to in couse (a), stoting to lying couse last.	H WAS CAUSED BY: IMMEDIATE CAUSE (c DUE TO y, which amediate he under- (c)	Ret	ne for (o), (b), and (c).] vrcinomate troperitor	real					U	hkni nkni	won_
CERTIFICATION	PART II. OTH	ER SIGNIFICANT CON	ADITIONS C	none	TH BUT N	OT RELATED TO THE TE	RMINAL DISEASE	CONDITION GIV	EN IN PART		PERFOR	MED'S
	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A	CAUSE OF DEATH	20b. DESC	CRIBE HOW INJURY OC	CURRED.	Enter nature of injury	in Part I ar Port	II of item 18.)				
MEDICAL	20c. TIME OF INJURY Hour a.m. p. m.	Month, Day, Ye	While	NJURY OCCURRED Not while of work	20e. PLAC focto	E OF INJURY (Home, f. y, street, office bldg.,	orm, 20f. (City etc.)	or town)	(Co	ounty)		(State)
	21. I certify the olive on OVE	mber 20	bert	of that	M.	ccurred at 5:5	Address (Still	n the causes a reet, city or town,	======================================	ost save date	stated	d abave
220	BURIAL, CREMATION REMOVAL (Specify) DUPLAL	11-23-58		Shanks Ch.		REMATORY	22d. LOCAT	ION (City, town, o	r county)		(Stote)	
	funeral director's red W. Kra		lagers	ADDRESS stown, Md.			EC'D BY REGISTI		TRAR'S SIGN			

TO FUNERAL DIRECTOR, page 3 should be detac VS A15 (4) 15M 10/57

	DIA DI DESCRIPTO DE LA CONTRADA DE LA CARROLLA DE SANTO.
• 5	그리다 내 내 가장 전문에 가는 사람이 되었다. 그 나는 나는 내 없는 사기를 가지 않는데 다른 사람들이 다른 사람들이 다른 사람들이 되었다.

CERTIFICATE OF DEATH

12000

13032	CERTIFICA	AIL OI DEAII			Reg. Dist. No	s. 002
1. PLACE OF DEATH o. COUNTY a shing ton	MARYLAND	2. USUAL RESIDENCE (Who. STATE		d. If institution b. COUNTY		ore admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	utside corporate li			earest town)
d. NAME OF HOSPITAL (If not in hospitol, give street or institution OR INSTITUTION Wash. County Hospi	address)	d. STREET ADDRESS	sourg 10	TT 4		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) HENRY	Middle CHRISTIAN	TRIESLER	4. DATE OF DEATH	Month		Poy Yeor 2 1958
5. SEX Male 6. COLOR OR RACE 7. MARR White widowe	NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH April 9 1	892 9. AG	GE (In years of birthdoy) A	Months Doys	R IF UNDER 24 HRS Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Broker	Stock	Baltimor		20.0	US. CITIZEN	OF WHAT COUNTR
13. FATHER'S NAME Christian G. Tries	eler	Sophie		r		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. (Yes. no. of unknown) (If yes, give wor or dates of service)		informant irs Isabelle	Dixon	Address		
1B. CAUSE OF DEATH [Enter only one couse per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c). 4. 2. 0 DUE TO Conditions, If ony, which gove rise to immediate costs (c), stating the under-	Coronay of	Smithsbur colusion i heart des	g Ma. R	# 1	ON	TERVAL BETWEEN ISET AND, DEATH IS MUMELLES
Iying couse lost. (c)	ld myocare	1 . 1	tion		IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO 19
20c. TIME OF INJURY Month, Day, Year 20d. It Hour o. m. 19 While ot worl	Not while fo	LACE OF INJURY (Home, form, octory, street, office bldg., etc.	20f. (City or to	wn)	(County)) (Slote
21. I certify that I ottended the decease olive on 19. Actual SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF TREMOVAL (Specify)	FFER 22c. NAME OF CEMETERY C	M.D. 170 W. Jage OR CREMATORY	M, from the ADDRESS (Street, of ADDRESS (Stree	city or town, sto	d an the do	caw the decease ate stoted above DATE SIGN
23. FUNERAL DIRECTOR'S SIGNATURE	Rose Hill (Cemetery H	BY REGISTRAR	24b. REGISTR	sh. Co	
Andrew K. Coffm n Ha	gerstown Md.	DATE NO	N 2 8 '58	CIN	lun S. Tho	us

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the traspital ar attending physician.

2 FUNERAL DIRECTOR Ter this certificate has been signed by the attending physician and campletely filled in by the funt page 3 shauld be detained for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld the registrar prior to burial, crematian, ar removal, and in any event within 72 hours after death. may be retained by the VS A15 (4) 15M 9/55

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				Party occurring to
				PART HE SHAP TO
	work Martin Land to Demand		Die of September	Tells observed at
	AND AND STATE OF			
				A Company
		and agreed		
		CB CHECK OF STREET		Andrew -

VS A15 (4) 1SM 10/57

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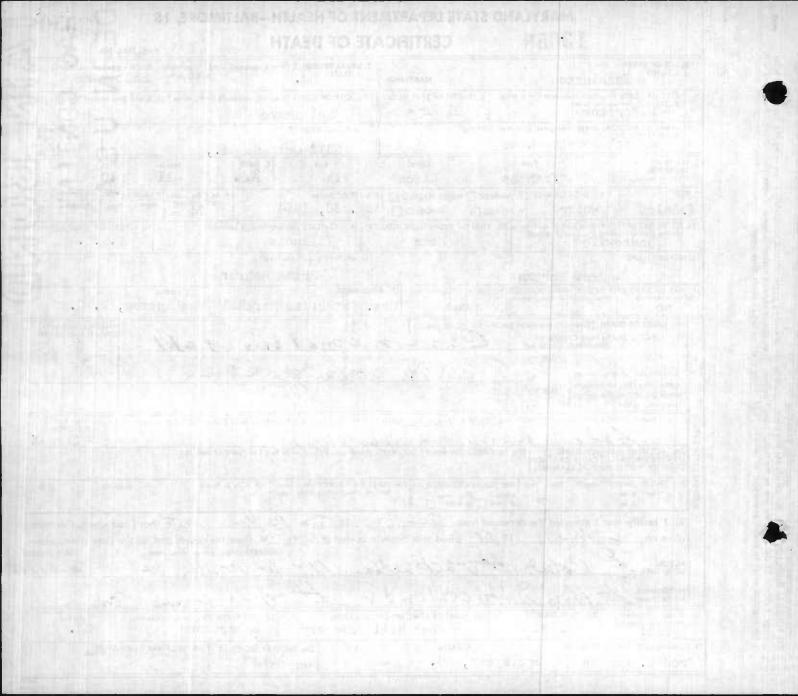
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 13058

CERTIFICATE OF DEATH

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1	U	U	U	V
-		-		

Reg. Dist. No.

female white widowed in Divorced Aug. 30, 1884 lost birthday) Months	e. IS RESIDENCE ON A FARM? YES NO N Doy Yeor 10 19 58 R 1 YEAR IF UNDER 24 HRS. Doys Hours Min. ITIZEN OF WHAT COUNTRY? U.S.A.
d. STREET ADDRESS Garlock Nursing Home 2312 Orleans St. 3. NAME OF DECEASED (Type or print) Frances 6. COLOR OR RACE White Widows Married Never Married Nousewife Nousewife Nousewife Never Married Never Married Nousewife Nousewife Nousewife Never Married Nousewife Nousewife Nousewife Never Married Never Married Never Married Nousewife N	ON A FARM? YES NO TO Doy Yeor 10 19 58 R 1 YEAR IF UNDER 24 HRS. Doys Hours Min.
3. NAME OF DECEASED 1. DISTRICT 1. DISTR	10 19 58 R 1 YEAR IF UNDER 24 HRS. Doys Hours Min. TIZEN OF WHAT COUNTRY
female white widowed Divorced Aug. 30, 1884 Total Striptory Aug. 30, 1884 Total Striptory Aug. Months 100. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) home Illinois 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	R 1 YEAR IF UNDER 24 HRS. Doys Hours Min. ITIZEN OF WHAT COUNTRY
housewife home Illinois 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
Andrew Morgan Martha Rohrer	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	
no [If yet, give wor or dotes of service] none Mrs. Katherine Marchal Washington	n, D. C.
Conditions, if ony, which gove rise to immediate couse (o), stoting the under-lying couse lost. MMEDIATE CAUSE (o)	?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 200. ACCIDENT WAS UNDERLYING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF CONTRIBUTION CAUSE OF CAUS	PERFORMED?, YES NO
S ON THE OF BUILDY M. d. D. V. CO. WINDY CO. D. C. C. C. WINDY	(County) (State)
21. I certify that I attended the deceased from Och 1958, to 10 Nov 1958, that I alive on 1958, that I alive on 1958, and that death occurred at 1274 PM, from the causes and an taddress (Street, city or town, stote) ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 1600 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county)	the date stated above. DATE SIGNED NULL /U;
burial 11-13-58 Rose Hill Cemetery Hagerstown	(State) Md.
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Fred W. Kraiss Hagerstown, Md. 240. REC'D BY REGISTRAR'S SIGNATURE ADDRESS	gn 4 tyre 1



FOR STATE HEALTH DEPT.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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MEDICAL EXAMINER'S CERTIFICATE OF DEATH 13059

		T	U	U	U	J
Reg.	Dist.	No.	3	02		

	o. COUNTY		2. USUAL RESIDENCE (Where decease		ce before odmission)
1	Washington	MARYLAND	o. STATE Virginia	b. COUNTY Prin	ce William
ı	b. CITY OR TOWN (if outside corporate limits, write RURAL and give negres) lown)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside cor	parate limits, write RURAL and	give neorest town)
	Hagerstown (Rural)		Manassas	2	33X-3
1	d. NAME OF HOSPITAL OR INSTITUTION (If not in hos	pital, give street address)	d. STREET ADDRESS		e. 15 RESIDENCE ON A FARM?
	U. S. Rt 11 3 miles South	1	111 Travis Stree	t	YES NO
	3. NAME OF First DECEASED	Middle	lost 4. DATE OF	Month	Doy Yeor
	(Type or print) BETTY	LOUISE	WADEL DEATH	November	2 1958
	5. SEX 6. COLOR OR RACE 7. MARRIE		DATE OF BIRTH	9. AGE (In years IF UNDER 1	
	Female White WIDOWE	DIVORCED A	pril 13, 1932	26 yrs. Months D	ays Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done 10b. K during most of working life, even if retired)	CIND OF BUSINESS OR INDUSTR	RY 11. BIRTHPLACE (Stole or foreign o	ountry) 12. CITIZ	EN OF WHAT COUNTRY?
	Housewife		Shippensburg.	Pa.	U.S.A.
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
	John Henry Hancock		Pearl Edi	na Waren	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. IN	FORMANT	Address	
		none C	larence Levi Wadel	Manassas,	Va.
	18. CAUSE OF DEATH [Enter only one cause per line	for (a), (b), and (c).]			INTERVAL SETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Severe co	ncussion and shock	r	3 hrs
	8/6 X DUE TO				
	Conditions, if ony, which)				1000
	gove rise to immediate cause				
	(o), stoting the underlying out to				
	PART II. OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEAS	E CONDITION GIVEN IN PART	
	\$				PERFORMED?
			nter nature of injury in Part f or Part II	of item 18.)	
		enger in auto	that was invo	lved in head with another	-on crash
			E OF INJURY (Home, form, 120f. (City		the state of the s
	1:40 xxx Nov. 219 581 wo		ry, street, office bldg., etc.)	Hagerstown	Wash Md
	21. I certify that I taak charge af the				
	opinian death resulted fram: Natural of	_		Total 1	,
			Ed.		
	SIGNATURE SA CORREST W	vello	_M.D. CHIEF MEDICAL EXAMINER		DATE SIGNED
-	EXAMINER'S S. Robert	Wells, M.D.	ASSISTANT MEDICAL EXAMINE	7.7	7 50
	NAME (Type)		DEPUTY MEDICAL EXAMINER	d TT	-3-58
	220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY OR	CREMATORY 22d. LOCA	TION (City, town, or county)	(Stote)
	Burial 11/5/1958	Spring Hill		pensburg,	Pa.
	Suter-Rouzer Funeral Home	ADDRESS	240. REC'D BY REGIST	RAR 246. REGISTRAR'S, SIGN	
	R. Tanklin Benger	Hagerstown, M	d. May 6 '58		

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If ony delay is necessary, please execute the certificate setting the word "pending" in pencil is them. 18. Give Pages 1, 2, and 3 to the funeral director and 4 should be forward the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Machin, or its designated agent, prior to burial, cremotian, or removal, and in any event within 72 hours ofter death. VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF BEAUTH BATTIMORE IN TOTAL OF DUATH AND TOTAL EXAMINER'S CERTIFICATE OF DUATH

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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CERTIFICATE OF DEATH Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY MARYLAND MARYLAND WASHINGTON b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) KEEDYSVILLE d NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM STREET YES NO X WASHINGTON COUNTY MAIN NAME OF First 4. DATE Middle Lost Month Day Year WILKINSON DEATNOVEMBER 1958 (Type or print) GURNEA 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years lost birthday) 82 yrs. 5. SEX 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. Davs Hours Min. 1876 WIDOWED M DIVORCED | REMATE 10a. USUAL OCCUPATION (Give kind of wark dane during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? WASHINGTON COUNTY KEEPER OWN HOME 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME SARAH HARP EZRA BURTNER 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address KEEDYSVILLE MD. MISS EMMA RABURINER NO NONE 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN 3 days PART I, DEATH WAS CAUSED BY: Thrombo-phlebitis of the left leg MMEDIATE CAUSE (a) DUE TO Arteriosclerotic cardiovascular disease Conditions, if any, which gave rise to immediate with cellulitis of the left leg cause (a), stating the underlying couse last. PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? Membolegia left dided. YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) 20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (State) (County) factory, street, affice bldg., etc.) o. m. While Nat while at work at work attended the deceased fram. ...that I last saw the deceased and that death accurred at _____M, fram the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL Sharosburg PHYSICIAN'S NAME (Type) Walter H. Shealy 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) NOV.20 1958 BOONSBORO CEMETERY BOONSBORO WASH.CO.MD. ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE

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FUNERAL DIRECT

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HOSPITAL

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VS A15 (4) 15M 9/55

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MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
13036	CEPTIFICATE	OF DEATH	

CERTIFICATE OF DEATH

Reg. Dist. N1 4343

1. PLACE OF DEATH o. COUNTY Wa	shington		MARY	LAND 2	Penna.	Where decease	d lived. If instituti b. COUNTY		nce befor		ion)
b. CITY OR TOWN	(If outside corporate limi	ts, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (I	f outside corpo	orate limits, write R	URAL and	give nea	rest town) V
marrie II	Marylands	7	l day		Rt. # 1,	Mercers	sburg, Pe	nna.	750	6.5	
d. NAME OF HOSP	ITAL (If not in hospital, g	ive street	address)		d. STREET ADDRESS					e. IS RES	IDENCE
Washington	County Hos										NO [
3. NAME OF DECEASED (Type or print)	Fir	st	Jane		Witter	4. DATE OF DEATH	Nov.	ith	16	,	rear 9 58
5. SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRI	ED 8. 1	DATE OF BIRTH		9. AGE (In years	IF UNDE	R 1 YEAR	IF UNDE	R 24 HRS.
female	white	WIDOWI	ED DIVORCE	D A	pril 19. 1	909	Jast birthday)	Months	Days	Hours	Min,
10a. USUAL OCCUPATI	ION (Give kind of work	done 10b.	KIND OF BUSINESS C				country)	12. CI	TIZEN O	F WHAT	COUNTRY?
Housewif	rking life, even if refired		un blos	n/	Williams			1	J.S.A		
13. FATHER'S NAME	. 6		701	700	4. MOTHER'S MAIDEN		HIC.		0002		
0 4-3	- If1										
G. Andrew		CECO IN	606111 6561101EV 110	127 11/150	Pearl F	oust ne					
(Yes, no. or unknown)	ER IN U. S. ARMED FOR	CES7 16.	. (1)	200			· Add			- 1	
No			180-10-309	A	lvin 6. Wi	tter, I	Rt. #1, M	erce	rsbur	rg, I	a.
	ATH [Enter only one co	use per li	ne for (a), (b), and (c).	ĺ					INTE	RVAL BE	TWEEN
PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (or	P	ulmonary e	mbolis	m					30 m	
450 x	DUE TO										
Conditions, if	ony, which)	. Din	e to prolo	noed r	ecumbency.	(Alrinot	tic mutic	m)	7	7 wks	3.
gove rise to	immediate (C 00 pro10.	is ca i	Country !	TAKLIE	ore macre	211		****	
lying couse lost.	me under-		e to ruptu	red ar	All myrem of	anterio	ON COMMIN	icati	na s	reter	975
	HER SIGNIFICANT CON										
E	THEK SIGNIFICANT CON	DITIONS	ONTRIBUTING TO DE	. BUI NO	I KELATED TO THE TEK	WINAL DISEAS	E CONDITION GIV	EN IN PAI	KT 1(a) 15	PERFO	RMED?
2										YES X	NO 🗆
O (IF EITHER, NOTIFY	AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	CCURRED. (Enter noture of injury i	n Port 1 or Par	t II of item 18.)				
Y 20c. TIME OF INJU Hour o. jr. p. m.	RY Month, Day, Yea	While	NJURY OCCURRED Nat while at work	20e. PLACE factor	OF INJURY IHome, for, street, office bldg., e	rm. 20f. (City	or town)	(County)		(State)
21. I certify t	hat I attended the	deces	ed from 77 /71),	10 58 + 7	1/16	1058	that I	last co	Ab.	4
alive on 11			. 111								
dilve on	1751	-, 12-	and that	death of	curred at2_T				he dat		
ACTUAL	1 -						treet, city or town,				TE SIGNED
SIGNATURE	3.7.	In	and the	M.D	. A. F. Abo	dullah,	M.D.		11/1	7/58	
PHYSICIAN'S A	. F. Abdull	ah, M	1. D.		132 N. Po	tomac S	St., Hage	rstow	n, M	id.	
22a. BURIAL, CREMATIC	ON, 226. DATE THEREO	F	22c. NAME OF GEMI	ETERY OR C	REMATORY	22d. LOCA	TION (City, town,	codity)	,	Stote	10
THEMOVAL (Specify	11/19/5	Y	WE	CH IT	IN SPETH	ADN L	Mach lenil	MI		. 6	-12n-
BEMOVAL (Specify		8	ADDRESS WELL	ISH IT	UN BRETH		ranhlin C	/	ncas	lang	14.R.Z
23. FUNERAL DIRECTOR		8	ADDRESS		UN BRETH	C'D BY REGIST	RAR 24b. REGIS	/		_	Ma.R.Z

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Page 4

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 13037 CEPTIFICATE OF DEATH **CERTIFICATE OF DEATH**

13055

	Keg. Dist. No.						
1. PLACE OF DEATH O. COUNTY Washington MARYLAN	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Md. Washington						
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) lagerstown life	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown						
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Wash. Co. Hospital	d. STREET ADDRESS 17 N. Mulberry St., o. IS RESIDER ON A FAI YES N						
3. NAME OF DECEASED (Type or print) Earl Walter	Young 4. DATE Month Day Year Young DEATH 11 26 19						
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	Jan. 28, 1902 lost birthdoy) Months Days Hours M						
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoe worker Southern Shoe	Co Hagerstown, Md. U.S.A.						
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
Newton J. Young	Mary Daley						
(Yes, no, or unknown) ff yes, give wor or dofes of service 214-09-1594	Earl H. Young Washington, D. C.						
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO DUE TO	of Cuei - with Interval BETWE ONSET AND DEA						
Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying couse lost.	we algatic Coma 8 day						
3 Oblesity @ Benish fras	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTO PERFORMENT OF THE THEORY OF THE PERFORMENT OF THE PERFOR						
UR CONTRIBUTING LI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	IRRED. (Enter nature of injury in Part I or Part II of item 18.)						
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. 19 While of work of work 19	P. PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.) (City or town) (County) (S						
21. I certify that I attended the deceased from NOU alive an Now 26, 1955, and that dec	2 . 19 5t, to Nov. 26 , 19 St, that I last saw the decath occurred at 235 M, from the causes and an the date stated a						
SIGNATURE Selward W. Diffe III	ADDRESS (Street, city or town, stote) DATE S 217 W. Washington St. 11-20						
PHYSICIAN'S Dr. E. W. Ditto 111	Hagerstown, Maryland						
220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL, (Specify) 11-29-58 Rest Hav	(3/0/6)						
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE						
Fred W. Kraiss Hagerstown, Md.	DATE DEC 1 '58 Orthur & Kinus						

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR— feer this certificate has been signed by the attending physician and campletely filled in by the funding page 3 shauld be delighted for use as the burial-transit permit. Then please remaye carbon-papers. Pages 1 and 2 shauld the registrar prior to burial, cremation, ar remayal, and in any event within 72 haurs after death. VS A15 (4) 15M 10/57

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VS A15 (4) 15M 9/55

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

13056

Reg. Dist. No.

	130	60	CEF	RTIFIC	ATE OF E	PEATH	1		Reg. D	ist. No		00
1. PLACE OF DEATH O. COUNTY WASH	HINGTO N		MARYLAND	2. USUAL RESIDENCE OF STATE		ed. If institution: Residence before admission) b. COUNTY WASHINGTON						
	If outside corporate limi	its, write	c. LENGTH OF	STAY IN 16	c. CITY OR	TOWN (If o	utside carpa	orate limits, write A		give ne	arest faw	n)
SAN MA			30 M	ONTHS	X KEEI	IVEYC	LLE					
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, (give street o	address)		d. STREET A	DDRESS	TE-				e. IS RES	IDENCE FARM?
FAHRNE	KEEDY MI	EMORA	AL HOME		MA	IN ST	REET				YES [
3. NAME OF DECEASED (Type or print)	SADIA	rst	M	ziv	IMERMAN		4. DATE OF DEATH	Mor NOVEMBE		19		Year 19
5. SEX	6. COLOR OR RACE	7. MARR	FED NEVER M	ARRIED	8. DATE OF BIRTI	Н		9. AGE (In years lost birthday)	IF UNDE Months	R 1 YEAR	Hours	ER 24 HRS. Min.
FEMALE	WHITE	WIDOWE	-	ORCED	OCTOBER		874	84 yrs.		ouy:	ridors	Min.
100. USUAL OCCUPATION of wor RETIREI 13. FATHER'S NAME	king me, even il lemed	7		TEL.C		KEED	YSVI	CLE WAS			.U.S	B.A.
NICO	DEMUS ZIN	MERN	IAN	98-55	F	ROSAN	NA S	NYDER				
15. WAS DECEASED EVE	ER IN U. S. ARMED FOR		SOCIAL SECURITY	Y NO. 17.	INFORMANT			104 ^{Add}	EAST	IR	VIN	AVE.
NO		2]	13 09 8	525 N	RS.J.L.	MULL	ENDO	RE HAGE	RSTO	WN	MD.	
	ATH [Enter only one co		ne for (o), (b), and	d (c).]		1	72				ERVAL BE	
PART I. DEA	ATH WAS CAUSED BY:)	Eoro	nau	Muton	Uni	us				ari wide	PEGIII
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Conditions, if o		, der	norally	ed o	exterio.	roke,	200	c1		4	17	-6-3
gave rise to i cause (a), stating lying couse last.	the under- DUE TO		V									
PART II. OT	HER SIGNIFICANT CON	ADITIONS C	ONTRIBUTING TO	O DEATH BU	T NOT RELATED TO	THE TERMI	NAL DISEAS	E CONDITION GIV	VEN IN PA	RT 1(a) 1	PERFC	AUTOPSY DRMED?
	AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJU	RY OCCURRI	ED. (Enter noture o	f injury in P	Port I ar Par	t II of item 18.)				
20c. TIME OF INJUI Haur e. m. p. m.	RY Month, Day, Ye	While at work	Nat while at work	20e. Pl	LACE OF INJURY (octory, street, office	Home, form, bldg., etc.	20f. (City	y or tawn)		(County)		(Stole)
21. I certify th	hat I attended the	decease	ed fram 92	3.8.69	7 , 1958	, to 1/2	00.2	1958	_,that I	last so	aw the	decease
alive an 12	50,20	, 195	F and	that death				m the causes of				
	la ul.	1.11						treet, city or town,				ATE SIGNE
ACTUAL SIGNATURE	Villed	Wa	n		M.D	1200	1491	020			11	12/15
PHYSICIAN'S NAME (Type)	G. Wit	e Va	in						1	119	/	
220. BURIAL, CREMATIC REMBYAH SPAT		DF 1958	FAIR V		OR CREMATORY SEMETERS			TION (City, town, YSVILLE			(Stot	-
23. FUNERAL PIRECTOR	ES SIGNATURE	N	ADDRESS			240. REC'E	BY REGIST	TRAR 24b. REGI	STRAR'S S	IGNATU	RE	
~ Tribus	N. 1800	N	19)M	211	my m	DATE NO	W 2 6 11	58		2 10		

CERTIFICATE OF DEATH THE RESIDENCE OF THE PARTY OF T . SENTENCE CHICAGO A LICENSE